



# Bethany Busy Bee Early Learning Center

6240 S. Broadway, Centennial, CO 80121  
303-468-9521 (fax) 303-795-9520

## 2023-2024 STUDENT INFORMATION & PERMISSION FORM

(A copy is submitted to the child's teacher)

Child's Full Name \_\_\_\_\_  
First Middle Last First Name to be used at school

Birth date (Month/ Day/ Year): \_\_\_\_\_ Premature (if yes, how many weeks) \_\_\_\_\_

Child's Living Status:  Both Parents  Single Parent  Other \_\_\_\_\_ Gender: \_\_\_\_\_

To discuss an illness or concern, please first call:  Mom  Dad  Other \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  Same

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  Same

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Please initial if you authorize us to text you in case of an emergency Mom's initial's \_\_\_\_\_ Dad's initials \_\_\_\_\_

Person(s) **responsible for your child** (other than parents) during the day:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Person(s) **authorized to pick up your child** (other than parents):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Names of any persons you **DO NOT** want picking up your child and relationship. (Please keep us updated on these names.):

What language is spoken in the home? \_\_\_\_\_

List names and ages of siblings \_\_\_\_\_

Please list your child's allergies: \_\_\_\_\_

List any health or speech concerns (diabetes, seizures, etc.) \_\_\_\_\_

What are the main goals for your child's preschool experience? \_\_\_\_\_



Please complete the other side of this Form

What special interests does your child have? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Do you have a hobby or occupation that you would be willing to demonstrate to your child's class?  
\_\_\_\_\_

Are you a member of a church? Yes \_\_\_\_ No \_\_\_\_ Does your child regularly attend with you? Yes \_\_\_\_ No \_\_\_\_  
If so, which church? \_\_\_\_\_

### **Permission From Parents For Participation in Bethany Busy Bee Early Learning Center Programs**

Please read and answer each question, initial or sign where indicated.

#### **PLAY EQUIPMENT AND SCHOOL ACTIVITIES**

I give permission for my child to use all of the play equipment and participate in all of the activities at school.

Yes, I give permission (Parent's initial) \_\_\_\_\_  No, I don't give permission (Parent's initial) \_\_\_\_\_

#### **STAIRS**

On days of inclement weather, the preschool teachers would like to use the gym for recess. In order to do this, we need to have your permission to take the children down the stairs in the building.

Yes, I give permission (Parent's initial) \_\_\_\_\_  No, I don't give permission (Parent's initial) \_\_\_\_\_

#### **PHOTO RELEASE**

I give my permission for my child's picture and first name to be included in the class picture and in other children's photo books.

Yes, I give permission (Parent's initial) \_\_\_\_\_  No, I don't give permission (Parent's initial) \_\_\_\_\_

I give permission for my child's picture to be on the Bethany Busy Bee website in a group photo or video without any child's name.

Yes, I give permission (Parent's initial) \_\_\_\_\_  No, I don't give permission (Parent's initial) \_\_\_\_\_

I give permission for my child's picture to be on Bethany Busy Bee's Facebook in a group photo without any child's name.  Yes, I give permission (Parent's initial) \_\_\_\_\_  No, I don't give permission (Parent's initial) \_\_\_\_\_

#### **TELEVISION AND VIDEO VIEWING**

I give permission for my child to watch appropriate short videos during class time. I understand that this will never be a major part or the main activity of the regular school day, and that my child will be directed to another activity during video viewing time if I do not grant permission.

Yes, I give permission (Parent's initial) \_\_\_\_\_  No, I don't give permission (Parent's initial) \_\_\_\_\_

Printed name of the person completing this form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please fully complete and return this form by July 1st to help us better meet your child's needs.**