



Bethany Busy Bee Early Learning Center

6240 S. Broadway, Centennial, CO 80121

303-468-9521 (fax) 303-795-9520

2026-2027 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 Preschool 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 school 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) _____

SUNSCREEN: Parents/guardians are required to apply sunscreen to their child before dropping off at school.

Parent's initial _____

Printed name of the person completing this form: _____

Relationship to child: _____

Date: _____ Signature: _____

Please fully complete and return this form as soon as possible, before July 1st to better meet your child's needs.