



Bright Beginnings Preschool Emergency Contact Form

TYPE OR USE BLACK INK & PRINT CLEARLY.
COMPLETE BOTH SIDES OF THIS FORM

Adult Information* Required for State Funding

Adult Attending With Child (Last Name, First Name)	Please Mark Box <input type="checkbox"/> Male <input type="checkbox"/> Female		e-mail address	
Home Address	City	Zip Code	Occupation	Cell Phone #
All Languages Enrolled Adult Speaks and Understands		Attending Adult Birthdate - (MM/DD/YYYY)		
Number of Years you Attended School (From 1st Grade to University) / Degree Earned in US <input type="checkbox"/> Yes <input type="checkbox"/> No			Highest Degree Received	

Parent #1 (Last Name, First Name) <input type="checkbox"/> Mother <input type="checkbox"/> Father	Occupation	Birthdate	Work Phone #	Cell Phone #
Home Address	City	Zip Code	e-mail address	

Parent #2 (Last Name, First Name) <input type="checkbox"/> Mother <input type="checkbox"/> Father	Occupation	Birthdate	Work Phone #	Cell Phone #
Home Address	City	Zip Code	e-mail address	

Emergency Contact Information

Emergency Contact (Other than Parents)	Relationship to Child	Home Phone #	Work Phone #	Cell Phone #
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Child & Other Information

Enrolled Child (Last Name, First Name)	Please Mark Box <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Name Child will use in class
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Names & Ages of other children and/or adults in Home		
Native Language of Child	Primary Language Spoken in Home	Other Languages Parents Speak/Understand
Other Languages your child speaks/understands		Does your child have other children to play with?
Please list other schools or organized activities your child has participated in		
Please list any medical conditions your child has had (attach separate paper if necessary)		
Please list any food allergies or dietary restrictions your child has:		
Please list any additional information that we should know about your child (attach separate paper if necessary)		

**Sunnyvale - Cupertino Adult Education
Parent Education**

**Adult Student/Child Waiver Notice
Medical Authorization/Waiver, Photographic Waiver & Release of Liability**

This form is for all school site activities and field trips taken in the current school year.

The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue. The Undersigned does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Fremont Union High School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

I acknowledge and understand that there are dangers and risks that are inherent in the above described activities including, but not limited to, the risk of serious injury, impairment to my body, general health and well-being, or death that may occur through the athletics/activities/classes. These risks and dangers also include conduct that may not be part of the ordinary risks of the athletics/activities/classes. This release and waiver as set forth in the above paragraph shall also apply to all conduct and any resulting injury or death that occurs thereby in whole or in part from any cause whatsoever.

It is the intention of the student, by this instrument, to exempt and relieve the Fremont Union High School District from liability for personal injury, property damage or wrongful death caused by negligence.

I hereby consent to this agreement in order to participate in the above named activity. I have read the foregoing paragraphs, have been fully and completely advised of the potential dangers incidental to engaging in this activity and am fully aware of the legal consequences of signing this document.

I give permission to use my photographic likeness or my child's photographic likeness in forms and media for advertising or any other lawful purpose.

Pursuant to California Education Code Section 35330. I hold the **Fremont Union High School District**, its officers, employees, and agents harmless from all liability and claims arising out of or in connection with my and/or my child's participation in this activity. The District does not provide or assume responsibility for transportation of students to and from community events or program activities.

In the event of any illness or injury to the adult student or child participating in the voluntary field trip, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my and/or my child's safety and welfare. Any resulting expenses will be the responsibility of the participating adult student.

I understand that once registered for a class, all fee's (including both registraion and or class fee) are non reundable and cannot be used as a credit at a future time or in another Adult Education department. The above stated policy also applies to class transfers that result in a positive account balance.

*** I have read the Handbook* for the Parent Participation Preschool Program and agree to abide by all the guidelines as described, and have read the Adult/Child Waiver & Release of Liability Notice. (*Handbook, available @ www.fuhsdadultschool.com on Parent Ed Forms page)**

↓ SIGNATURE REQUIRED BELOW ↓

Signature of Participating Adult

Date

Signature of Parent/Guardian for Minor Child

Date