



# Bright Beginnings Preschool Emergency Contact Form

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

## Adult Information\*

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	Home Phone #	Cell Phone #
All Languages Enrolled Adult Speaks and Understands		Attending Adult Birthdate - Needed For State Funding (MM/DD/YYYY)		

Child's Mother's Name (Last Name, First Name)	Occupation	Home Phone #	Work Phone #	Cell Phone #
Home Address	City	Zip Code	e-mail address	

Child's Father's Name (Last Name, First Name)	Occupation	Home Phone #	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 #
--	-----------------------	--------------	--------------	--------------

## 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
--	--	------------	------------------------------

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 your child has		
Please list any dietary restrictions your child has		
Please list any additional information that we should know about your child (attach separate paper if necessary)		

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

**This form is for all school classes/activities/events/field trips in the current school year.**

The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions of 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 and 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 for any of said persons, or otherwise.

It is understood by the student that, pursuant to California Education Code Section 35330, I hold the **Fremont Union High School District and FUHSD Adult School**, it's officers, employees, and agents harmless from all liability and claims arising out of or in connection with the student's and/or the student's child's participation in this activity/event/class. The Fremont Union High School District does not provide or assume responsibility for transportation of students to and from community events or program activities.

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 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.

In the event of any illness or injury to the adult student or child participating in the 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 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. Photographs may be used in the catalog, on the website, or on materials distributed to the community.

I understand that once registered for a class, all fees are non-refundable once class(es) begin and cannot be used as a credit at a future time or in another Adult Education department. The above stated policy applies to a class transfer that results in a positive account balance.

↓ **Signature Required Below** ↓

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of Parent/Guardian for Minor Child

\_\_\_\_\_  
Date