



Release/Waivers

Information

Parent/Guardian Name _____ Date _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Photographs

I authorize the Bright Beginnings to photograph my child/children listed above, and acknowledge that all photographs become the property of Bright Beginnings. I further acknowledge that all photographs will be used exclusively for the programs and advocacy efforts of the Bright Beginnings either in print, video or web based initiatives.

Signature _____

Volunteering

I further waive liability and agree to hold harmless Bright Beginnings, its employees, and agents for any loss or injury as a result of volunteering in Bright Beginnings programs.

Signature _____

Family Handbook

I have read the Family Handbook in its entirety and understand all policies, procedures and philosophies.

Signature _____

Confidentiality

I also agree to not discuss with anyone outside our Agency or Department of Child and Family Services the names, diagnoses, ages or any pertinent information regarding clients Bright Beginnings in that it would breach their privacy and confidentiality.

Signature _____

www.BrightBeginnings-childcare.com

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