

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Policy, Photo, and Cot Release

### Policy Acknowledgement:

My signature below confirms my understanding of the Enrollment agreement, school policies, my tuition obligation, my responsibility for the payment of fees, and confirms that I have received and read a copy of the parent handbook.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Photo Permission:

My signature below confirms my knowledge that pictures may be taken in my child's classroom and:

\_\_\_\_\_ My child's picture may be taken for any use in and out of the classroom (ie- website, newspaper).

\_\_\_\_\_ My child's picture may be taken for use within the classroom (to decorate cubbies, walls, etc).

\_\_\_\_\_ I Do NOT want my child's picture taken under any circumstances.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Cot Permission:

My child, \_\_\_\_\_, is 12 months or older, and I give permission for my child (listed above) to sleep on a cot.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical and Transportation Waiver

The undersigned authorize Brilliant Beginnings Academy to consent to any emergency diagnostic procedure or medical care for \_\_\_\_\_ ("Student") which is rendered under the supervision of any licensed physician on the staff of \_\_\_\_\_ Hospital, regardless of where the care is provided. The undersigned also authorize representatives of Brilliant Beginnings Academy to contact Emergency Medical Technicians to transport the Student to receive care. This authorization is given in advance of any specific need for treatment to provide authority to Brilliant Beginnings Academy to consent to any emergency care recommended by the physician.

The undersigned irrevocably release any claims, demands, actions, or causes of action against Brilliant Beginnings Academy, and their respective representatives and employees, which arise out of or related to the transportation of student and any medical care provided.

This authorization and waiver shall remain effective until Student withdraws from Brilliant Beginnings Academy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date