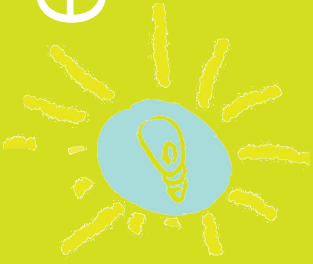


# emergency contact



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## Identification & Emergency Contact

2024-2025

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

Class: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

### Parent/ Guardian

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Work Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/ Guardian

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Work Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Persons authorized to pick up child

Name	Home Phone	Work Phone	Cell Phone

### Persons to be called in case of emergency

Name	Relationship to child	Address	Phone

Is there pertinent medical history of which we should be aware of such as food and other allergies, nose bleeds, etc? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Does your child require an Asthma or Allergy Action Plan? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is your child on regular medication? \_\_\_\_\_

If so, what medication(s)? \_\_\_\_\_

Name of person completing the form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Transportation Permission

This transportation permission slip is intended to cover numerous transportation scenarios. Please return one form for each student to the administration office in which your student is enrolled. This information will remain on file as long as your child is enrolled to our school and school programs.

My child (*First & Last Name*), \_\_\_\_\_, has my permission to be transported from school to field trips, course- related activities, cultural and athletic events, field trips pertaining to current project work and other school-related business by the following means: (Please check each mode of transportation below.)

### Please circle the following

- |     |    |  |
|-----|----|--|
| Yes | No | Walking  |
| Yes | No | Bambini Creativi parent(s) driving personal vehicle  |
| Yes | No | Faculty driving personal or school vehicle           |
| Yes | No | Bus or van transportation, as arranged by the school |

\* The school does not check driving records or insurance or the insurance coverage of parents or teachers who may transport students to and from off-campus activities.

I understand that this form will remain in effect until such time as I replace it with an updated form.

Parent or Guardian Print Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*No student will be allowed to be transported from Bambini Creativi to a school-related activity unless this permission slip is signed and is on file with the school.

transportation  
release



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## Documentation Release

I hereby authorize Bambini Creativi to publish photographs, artworks, project works, videos, and audio recordings taken of me and/or the undersigned minor children, and our names listed below for use in Bambini Creativi's printed publications, video documentaries, audio recordings, and internet websites.

I release Bambini Creativi from any expectation of confidentiality for the undersigned minor children and myself attest that I am the parent or legal guardian of the child/ren listed below and that I have the authority to authorize Bambini Creativi to use their photographs, visual, audio recordings, work samples, and names.

I acknowledge that since participation in publications and websites produced by Bambini Creativi is voluntary, the minor child/ren will not receive financial compensation.

I further agree that participation in any publication and website produced by Bambini Creativi confers no rights of ownership whatsoever. I release Bambini Creativi, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

### Please complete the following:

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Name and Ages of Minor Children:

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that I am the Parent or Legal Guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian Print Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Food Profile**

Child's Full Name: \_\_\_\_\_

Class: \_\_\_\_\_ Circle Program Days: M T W TH F Half or Full

**List Food Allergies ONLY**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Please list your child's of Favorite Foods.**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Please share foods that are culturally or religiously significant in your child's life, and the times of the year when you eat them.**

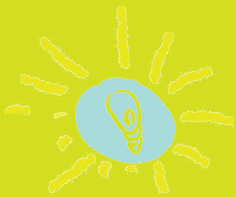
- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Please list types of foods you hope your child will get to experience eating at school.**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Please share in what ways you can contribute ideas, an extra pair of hands, recipes, etc., to our food program:**

\_\_\_\_\_



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