



BRIGHT BEGINNINGS

Excellence Today for Success Tomorrow

Safe Place Services Registration Form

This form **MUST** be received by **Thursday at 4:00 p.m.** in order for your child to utilize our Safe Place services the following week. A new form must be submitted each week for the following week.

*The Safe Place gives your child a physical place to go where he or she will receive adult supervision (but no direct instruction) between the hours of **8:00 a.m. and 3:00 p.m.***

Student Name: _____

Parent Name: _____

Teacher Name: _____

For the week beginning: _____

My child will be utilizing the Safe Place services the following days next week.

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Parent Signature: _____

Date: _____

Please complete this form and then email to MRiley@bbschl.com by Thursday at 4:00 p.m. for the following week only. We will not accept registrations for weeks further in the future.

Sick children will not be admitted to the Safe Space room. Please keep children with any of the [CDC-recognized COVID-19 symptoms](#) home. Students who exhibit these symptoms in the Safe Place room will be sent home.