

Introduce Us to Your Child

We are excited to learn more about your Family!

Date _____ Last Name: _____ First Name: _____ D.O.B: _____

What would you like us to call your child?: _____

Siblings' Names & Ages: _____

Favorite Play Materials: _____

Special Interests: _____

With whom does your child reside? _____

What opportunities does your child have to play with others the same age? _____

Eating Patterns:

Are there any dietary concerns or restrictions? _____

Does your child feed himself or herself? _____

Are there any food dislikes? _____

Are there any food allergies? _____

When eating, uses fingers ___ spoon ___ fork ___ cup ___ Needs assistance _____

Sleeping Patterns:

What time is bedtime at home? _____ Arise at? _____

What time is nap time? _____ How long? _____

Does your child sleep in his/her bed? _____

Does your child have a special toy/blanket to nap with? _____

Please describe your child's go-to-sleep routines (e.g., story time, quiet play, snack)

Eliminating Patterns: (2 yrs. and up)

Not potty trained yet? Yes _____ No _____

In training? _____ If trained, how long? _____

Independent—doesn't require help. _____

Does your child need to be reminded? _____

Does your child have regular Bowel Movements? _____

Does your child have problems with diarrhea? _____

Does your child have problems with constipation? _____

Does your child have certain words to indicate a need to eliminate?

Child wears:

Nap time diaper _____ Disposable training pants _____

Cloth underwear _____ Plastic pants over cloth underwear _____

Stress/Coping Patterns:

Uses pacifier _____ Brand _____

Does your child have any fears: _____ Storms _____ Separation anxiety _____

Dark _____ Animals _____ Stranger anxiety _____

Being alone _____ Other _____

When your child is upset, how do you soothe him or her? _____

Health Patterns:

Does your child have a history of hospitalization? _____

If yes, when and why: _____

Has your child had any recent medical problems? _____

If yes, please describe: _____

Activity Patterns:

When did your child begin: Creeping _____ Crawling _____ Walking _____

Personality Traits (Check all that apply):

shy/reserved	outgoing/curious	sensitive/frightens easily
very verbal	cuddly	active
cautious	restless	stranger anxiety
separation anxiety		

Primary Language Spoken at home? _____

Please check any interest you may have in the following classroom volunteer opportunities?

- Read a book to my child's classroom
- Help during a special activity or party
- Teach my child's class a new skill
- Participate in School Fundraisers
- Be a classroom parent R.O.C Volunteer

Is there any other information we should know in order to help us know your child better?

What goals do you have for your child upon entering BrightPath Child Care Centers:_____
Thank you for taking the time to help us learn about your family? We look forward to using this information to help your child reach his/her fullest potential._____
Parent/Guardian completing form



Infant Feeding Plan

(6 weeks – 12 months)

Child's Nme: _____ D.O.B: _____ Date: _____

Does the child take a bottle? Yes () No ()
Is the bottle warmed? Yes () No ()
Does the child hold his/her own bottle? Yes () No ()
Can the child feed self? Yes () No ()

Does the child eat:
Strained Foods () Whole Milk ()
Baby Foods () Table Foods ()
Formula () Other ()

If formula is used, what brand is it? _____
What type of water do you use for formula made bottles? (Tap, Nursery/Infant water, etc.) _____

Amount of ounces of formula/breast milk per bottle:
_____ (1-3 months) how often: _____ Date: _____
_____ (3-6 months) how often: _____ Date: _____
_____ (6-9 months) how often: _____ Date: _____
_____ (9-12 months) how often: _____ Date: _____

Does the child take a pacifier? Yes () No () When? _____

Any allergies to food, milk, or formula? _____

Child's feeding Schedule:
Breakfast _____
Approximate Time _____ Types of Food _____ Amount of food _____

Lunch _____
Approximate Time _____ Type of Food _____ Amount of food _____

Late meal/snacks _____
Approximate Time _____ Type of Food _____ Amount of food _____

Food likes _____ Food dislikes: _____

Any updated instructions regarding adding new foods or other dietary changes please list as needed:

Parent/Guardian Signature _____

Initial and Update Monthly:					
_____ January	_____ February	_____ March	_____ April	_____ May	_____ June
_____ July	_____ August	_____ September	_____ October	_____ November	_____ December



Cot Agreement
12-18 month old children only

Dear Parents/Guardians:

The office of Child Care Licensing requires that all children, ages 12 to 18 months, who rest/sleep on a cot have written permission from their parent(s)/legal guardians(s). The permission slip below must be filled out in order for BrightPath to follow these standards. Please fill out the form and return it to the front desk.

I _____ the parent

of _____

Give written permission for my child to rest/sleep on a cot while he/she attends BrightPath I understand written permission is being required by the Office of Child Care Licensing for toddler's age 12 to 18 months.

Parent/Guardian Signature

Date

Directors Signature

Date



Homework Assistance

As we enter a new school year, we are excited about seeing each child enter a new grade with enthusiasm. The school age and administration team welcomes our new students in addition to the returning students.

This school year our homework time will be from 4:30-5:00 p.m. (depending on the school arrival time). We will assist your child with their daily homework assignment for 30 minutes only. Completion of assignments will be encouraged but not forced. Please indicate your preference below

Child's Name _____

_____ I want my child to get homework assistance

_____ I do not want my child to get homework assistance

Parent Signature _____ Date _____

Student Code of Conduct Policy

Parents: Please review this with your child and make sure that he/she understands what is expected of them while at Beyond the Bell.

- I will show respect for my instructors and teachers.
- I will show respect for my fellow students.
- I will show respect for myself by behaving in an appropriate manner.
- I will help to clean up the areas I work in.
- I will work to resolve problems with instructors and fellow members in a positive manner.
- I will follow all instructions given to me by teachers and instructors
- I will cooperate with fellow students and instructors in all activities.
- I will participate constructively in all activities.
- I will seek help from teachers to solve disputes with others when needed.
- I will be responsible for my actions.

Any behavior that threatens the health or safety of another student or staff member or the continuous inability to follow the rules and guidelines of our program may result in a family conference, behavior plan, suspension or disenrollment from the program.

By enrolling my child in Beyond the Bell, I understand and agree that my child will follow all rules and regulations of BrightPath as a condition of enrollment.



Transportation Consent Form

Child's Name: _____

School Year: _____

*Please check off one of the following:

_____ My child will use the BrightPath Bus for transportation to and from _____ Elementary.

I give BrightPath permission to transport my child in the Brightpath Bus.

_____ My child will use a Colonial School District bus for transportation to and from _____ Elementary School.

_____ I will provide my child with transportation to and from BrightPath

_____ Other (please explain)



Parent Signature: _____



BrightPath Supply List Preschool/Pre-K

Child Cubby Items

- All children should have one extra change of clothing always left at the center. Younger children may need more.
- Please label all your child's clothing, boots, hats, mittens, etc. BrightPath is not responsible for lost or stolen personal items.
- In addition to appropriate outerwear and extra clothing, please provide the following for your child daily:

Preschool/Pre-K:

- Thin blanket and Pack n Play size sheet
- Small comfort items like a stuffed animal (if needed)
- Sunscreen (as needed) and sunhat (summer only)
- Warm hat, mittens, coat, boots, snowpants (winter only)
- 2 complete changes of clothes
- Water cup (will go home daily for cleaning)

BrightPath Supply List

Infant Classroom (0-12 Months):

- All children should have one extra change of clothing always left at the center. Younger children may need more.
- Please label all your child's clothing, boots, hats, mittens, etc. BrightPath is not responsible for lost or stolen personal items.
- In addition to appropriate outerwear and extra clothing, please provide the following for your child daily:

Infants:

- Diapers
- Diapering wipes
- 3 complete changes of clothes
- 1-2 sleep sacks (no pillows or blankets)
- 2 Pack n play size crib sheets
- Pacifier (as needed)
- Diaper cream (as needed)
- Sunscreen (as needed) and sun hat (spring/summer only)
- Warm hat, coat or sweatshirt (fall/winter only)
- Prepared bottles of formula or breastmilk. Breastmilk bottles must include the date on which the milk was expressed
- Baby food/cereal (as needed)

Bottles of breastmilk or formula must be prepared at home in bottles and labeled with the child's first and last name, along with the date on which they were prepared. Be sure to prepare one more bottle than your child will consume in a day to ensure that your child won't run out.

*You may also bring in a pacifier or sound machine for your child if you would like to

** Medication log forms must be filled out and completed before the classroom can use them

BrightPath Supply List

Preschoolers (3 years - 4 years of age):

- All children should have one extra change of clothing always left at the center. Younger children may need more.
- Please label all your child's clothing, boots, hats, mittens, etc. BrightPath is not responsible for lost or stolen personal items.
- In addition to appropriate outerwear and extra clothing, please provide the following for your child daily:

Toddlers:

- Thin blanket (no pillows)
- 2 Pack n play size crib sheets
- Small comfort items like a stuffed animal
- 3 complete changes of clothes
- Diapers or plenty of underwear
- Diapering wipes
- Diaper cream (as needed)
- Sunscreen (as needed) and sunhat (summer only)
- Warm hat, mittens, coat, boots, snowpants (winter only)
- Water cup (will go home daily for cleaning)



Parent Consent to Screen

Ages & Stages Questionnaires – ASQ-3/ASQ:SE-2

The first five years of life are critical for your child’s brain development and set the stage for success in school and later in life. It is important to keep track of your child’s development to help give them the best start during these early years. Ages & Stages Questionnaires®, Third Edition (ASQ®-3) and Ages and Stages Social Emotional Questionnaires (ASQ:SE-2) are free developmental and social emotional screenings offered in Delaware, and rely on YOU, the parent, as the experts. After you complete these questionnaires, they will be safely stored in an online profile created for your child. The screening information can help create a snapshot of your child’s skills to help you celebrate milestones and catch potential delays.

By giving my consent*, I understand that the following state and local organizations will have access to my child’s ASQ Child Profile to better support my child:

- The Delaware Department of Education (DDOE) and the Division of Public Health (DPH) within Delaware Health and Social Services (DHSS).
- My child care facility which is responsible for ensuring the completion of developmental screenings.
- The Birth to Three Early Intervention Program (B23) or my school district of residence and/or school district where my child care is located.

One or more of the above organizations will contact me with results and recommendations via email, US mail, or phone call.

Child Care Facility Name: _____

Child’s Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Parent/Guardian Signature: _____ Date: ____/____/____

CHECK ONE: I have read the above information and...

_____ ***I have filled out*** printed ASQ questionnaires about my child’s development and returned the completed questionnaires for my child care facility to submit online for me.

_____ I agree to have ***my child’s educator complete*** the ASQ questionnaires online. Based on the results of the completed screening, I give permission to be contacted by the DDOE, Birth to Three Early Intervention Program or my school district of residence and/or school district where my child care is located at the information provided above.

_____ Screening my child is ***not required*** as they ***already have an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).***

_____ I understand the purpose of developmental screening and ***I decline*** to have my child participate at this time.

* Parents/Guardians can withdraw their consent at any time.

* This form is valid for 364 days from the day the parent/guardian signs it.

STEP 5 An adult household member must sign and date this form before it can be approved.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)			
<input type="text"/>	<input type="text"/>		<input type="text"/>			<input type="text"/>		
Printed name of adult signing the form	Signature of adult		Today's date					

OPTIONAL Racial and Ethnic Identities

We are required to ask for information about your race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black or African American Asian White

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- fax:**
(833) 256-1665 or (202) 690-7442; or
- email:**
Program.Intake@usda.gov

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

This institution is an equal opportunity provider.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

Do not fill out For SPONSOR Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income <input type="text"/>	How often?				Household Size <input type="text"/>	Categorical Eligibility (If Yes, Check One): <input type="checkbox"/> SNAP (Food Stamp) Household <input type="checkbox"/> TANF Household <input type="checkbox"/> Head-Start <input type="checkbox"/> ECAP <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway <input type="checkbox"/> SSI (adult participant only) <input type="checkbox"/> Medicaid (adult participant only)	DATE WITHDRAWN: _____	Eligibility		
	Weekly	Bi-Weekly	2x Month	Monthly				Free	Reduced	Paid
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Determining Official's Signature <input type="text"/>	Date <input type="text"/>									

Closed Circuit Television System Policy

Purpose

Select Busy Bees North America (BBNA) centres operate a Closed-Circuit Television System (CCTV) which makes video and potential audio recordings. BBNA values the confidentiality and privacy of its staff and the families that we serve, and therefore provides this CCTV policy (this Policy) to outline the purposes and uses of these CCTV devices and recordings.

As a provider of early learning and child care services, from infant to pre-kindergarten and older children on a before and after school basis, BBNA is responsible for the most vulnerable population and, therefore, maintains the highest standards in care and safety to provide exceptional early years services.

The CCTV System is operated to ensure these highest standards in care and safety of the children. After careful consideration of the positive impact of CCTVs in other environments, both in relation to prevention and investigation of incidents, the CCTV has been adopted in the interest of the children, their families and of BBNA employees. The CCTV System will play an important role in the delivery of our services considering we have young children in our care.

The CCTV system will be used for the purposes of reviewing room activity, staff and child interactions and behaviour where there is suspicion or allegation of a significant incident, when there has been a complaint or concern voiced by parent, guardian or staff member, or as otherwise provided in this policy.

The use of CCTV is not intended to replace appropriate management practices and procedures in supervising and coaching staff.

Scope and Responsibilities

BBNA will respect local privacy laws. Please refer to our Data Protection Policy which sets out in detail how we process this information.

Security and Protection of Privacy

The video/audio recorder will be kept secure in either its own locked cabinet or a locked room which has restricted access. BBNA implements security safeguards to protect the CCTV equipment and recordings at the level appropriate to the sensitivity of the information. . Access to the system's controls and reception equipment, and to the recordings it captures, will be limited to authorized persons.

Recordings will be securely held, and access within the organization limited to the purposes described in this Policy. Cameras should be positioned as best they reasonably can to reduce the likelihood of capturing individuals not intended to be filmed, while achieving the objectives of this policy.

Authorized persons will only access the recordings in the case of suspicion or allegation of a significant incident or complaint, for supporting training regarding program delivery, or for reasonable maintenance, installation, or configuration of the CCTV systems.

Authorized persons include the following who will be provided access strictly on the basis of need-to-know:

- Centre Director (CD);
- Area Director (AD);
- Operations Director;
- VP Education and Quality Assurance;
- Chief Operating Officer (COO);
- President;
- Chief Human Resources Officer;
- Director of Safety and Compliance (DSC);
- Chief Executive Officer (CEO); and
- others as allowed by the COO, President, or CEO.

Location

The following areas may be covered by CCTV:

- Classrooms;
- Sleep Rooms;
- Gymnasiums;
- Multi-purpose rooms;
- Hallways;
- Reception area;
- Front door;
- Outside play areas;
- Parking lots;
- Director's office;
- Kitchen; and
- Any other area where coverage is appropriate, except for those locations listed below as not covered.

The following areas will not be covered by CCTV:

- Children's toilet area;
- Staff room; and
- Adult bathrooms.

The CD shall be responsible for reviewing camera locations from time to time and for considering requests from staff, parents, guardians or other persons regarding concerns relating to privacy or confidentiality due to the location of a particular CCTV camera. Cameras should be positioned as best they can to reduce the likelihood of capturing individuals not intended to be filmed.

BBNA will endeavor to post reasonably conspicuous notices of the CCTV recording as appropriate and near CCTV equipment but may not feasibly post notices in every location where video or audio recording is in progress.

Access

Access to the system is restricted to the authorized persons and to the existence of suspicion or allegation of a significant incident or complaint, for supporting training regarding program delivery, or maintenance, installation or configuration of such systems. Audit trails monitor this access to ensure compliance. In accordance with this Policy, recordings may be shared with a third-party service provider for the sole purpose of obscuring or pixelating personal information about individuals prior to use or disclosure of a recording.

Individual Right of Access

Individuals may request access to their personal information, or the personal information of their child, which has been recorded through the CCTV System. An access request must be made in writing to the Centre Director. The CD will provide access within thirty days to any retained and redacted recordings, provided such access would not reveal personal information about another person or otherwise be prohibited by law. However, if the information about the other person is severable from the record, by being obscured or pixelated through commercially reasonable means, or if the other person consents, access will be provided to the requester. This is to protect other children/staff that may be present on the recording. If the recording requested does not relate to the individual making the request, or their child, access will not be provided.

If we cannot give access to a recording of the requestor or their child, we will provide reasons, as allowed by law.

Access Requests in the Case of Serious Incidents or Complaints

If a serious incident or complaint has been received and an access request is made by a parent or guardian of an affected child, or an affected staff member, access will be granted in accordance with applicable law. Where required by law, staff concerned will be informed, with reasonable notification, of the footage being viewed in this way and of the purposes of the viewing and will be given an opportunity to view the same footage in the same or similar manner.

BBNA will only release a copy of any recording as required by law or in response to a valid government or law enforcement subpoena, warrant, or request. Copies of recordings will only be released to third parties on the express authority of the BBNA CEO or President and upon demonstration, by the government or law enforcement agency, of its lawful authority to access it. BBNA will make reasonable efforts to maintain the confidentiality of the recordings, including but not limited to such requirements under data protection legislation or other law or statute.

When the recording is reviewed due to suspicion or allegation of a significant incident, or when there has been a complaint or concern voiced by parent, guardian or staff member, the CD or other authorized person will document the following as applicable:

- the date and time at which the recording was reviewed;
- the date on which disclosure was made;
- the identification of any third party who was allowed access or to whom disclosure was made;
- the reason for allowing access or disclosure and the extent of the information to which access was allowed or which was disclosed; and
- the identity of the person authorizing such access.

As indicated above, where the recordings contain images of individuals other than the subject(s), the recording may need to be altered to disguise or blur those images of other individuals so that they are not readily identifiable. If the CCTV recording system does not have the facilities to carry out that editing, an appropriate competent third party may be hired to carry it out, at the sole discretion of the COO, President, or CEO. In the event that such an editing company is hired, BBNA will ensure that there is an agreement in place with the editing company to protect confidentiality and to ensure compliance with this Policy and data protection legislation in relation to the recordings.

Role of the CD

The CD's role in maintaining an effective and secure CCTV environment is critical. They are responsible to:

- ensure the system is always operational and to immediately advise IT support of any system failure/outages;

- ensure that all servicing and repair needs are communicated to IT support and followed through on;
- forward any individual's written request for access to, or a copy of, a recording that exists to the DSC;
- maintain a record of the release of any recordings or any material recorded or stored in the system;
- ensure secure retention and destruction of recordings as appropriate;
- ensure signage is in place that will make individuals aware that they are entering a CCTV area; and
- ensure confidentiality is maintained at all times. Any relevant recordings downloaded shall be stored in a locked secure cabinet or a locked, secure room and will only be available to those directly connected with achieving the objectives of the system. Any copies must be stored in a locked secure cabinet or a locked, secure room until delivered to an appropriate authority, and when returned by them if applicable.

Fairness

BBNA respects and supports every individual's entitlement to go about his/her normal duties. Use of CCTV as outlined in this Policy will be conducted in a professional, ethical, and legal manner and any diversion of the use or processing of CCTV for other purposes is prohibited under this Policy. CCTV will be limited to uses that do not violate a person's reasonable expectation of privacy. The CD will be responsible for ensuring that parents and guardians are informed, when they enroll their child, of the purpose of the CCTV and how it can and cannot be used. A copy of this Policy will be provided and will be available at the centre at all times.

Footage recorded on the CCTV system and viewed under the terms of this Policy may be used to assist in establishing the facts regarding a serious incident, or an allegation thereof, or a complaint. Doing so may give rise to an investigative meeting with any relevant member or members of staff and may result in disciplinary proceedings. Any violations of this Policy by BBNA staff may lead to disciplinary action, including without limitation termination of employment.

CCTV Data Retention and Destruction

CCTV data will remain on the hard drive of the system for up to seven calendar days. At the end of seven calendar days, if no incident is suspected or no complaint has arisen, data will be recorded over. No copies are made in the normal course of operations. Recordings will be retained for longer than seven days in the event that the investigation of a serious incident or complaint is in process, or if BBNA is under a legal obligation to retain the recordings. The ability to export video recording is limited to the

Area Director, Operations Director, Safety and Compliance. Once the investigation concludes and/or the data retention is no longer required under law, the recording will be securely destroyed or recorded over.

Any relevant recordings downloaded or copied shall be stored in a locked secure cabinet or a locked secure room and will only be available to those directly connected with achieving the objectives of the system. Data is retained for seven calendar days in consideration of the time that could pass between an incident occurring, the knowledge that an incident occurred, and the complaint or request being received by BBNA.

Biometric Information

CCTV video and audio recordings will by operation capture and store certain personal and biometric data for individuals who are recorded. Additionally, artificial intelligence tools may be used by BBNA to identify certain individuals, including without limitation the use of facial recognition technology. This technology is used to enable tracking and viewing of one individual across multiple cameras, in order to accomplish the purposes outlined in this Policy.

CCTV recordings, including any biometric or personal data collected through the recordings, will not be shared with any third parties except as elsewhere provided in this Policy.

Location of Data Storage

Recordings through the CCTV systems are stored in the country where the BBNA Centre operates.

By reviewing, agreeing to and signing the Video and Audio Recording Camera Acknowledgement or through the CCTV Acknowledgement – for Existing Staff, you expressly consent to the collection, processing, and storage of personal and biometric information as outlined in this Policy.

You can withdraw consent by contacting the Centre Director. Contact information (including name, email, phone number, and mailing address) for the Center Director of your BBNA facility is under the “Centre Information” tab of the webpage for that facility. If and when you withdraw consent, BBNA will not be in a position to provide you access to its premises in view of the importance of the CCTV for the purpose of the safety of the children. If you have any questions or requests related to this Policy, please contact the Director of Safety and Compliance at safety@busybeesna.com.

APPENDIX A

Video and Audio Recording Acknowledgement

CENTRE/ER: _____

CHILD(REN)'S NAME(S): _____

I have received and read the Busy Bees North America CCTV Policy in full and understand it, including without limitation the Purpose, Location and Access as outlined. I give consent to BBNA to record the activities of my child(ren) in accordance with the CCTV Policy.

Parent / guardian printed name

Parent / guardian signature

Date Signed