

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME		DATE OF BIRTH
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
TELEPHONE NUMBER WHEN CHILD IS IN CARE		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

ENROLLMENT APPLICATION

Child's Name: _____ DOB: _____

Your Child's History

What was your child's birth weight? _____ lbs. _____ oz.

My child was:

- Full-term
 Premature

My child was/is fed:

- Formula
 Breast Milk
 Both

What did/does your infant do to self-soothe?

Who is your child's physician? _____

Pediatrician Family Doctor

At what age did your child:

Smile _____

Roll over from front to back _____

Roll over from back to front _____

Crawl _____

Stand while holding on _____

Walk _____

Feed himself/herself _____

Say his first word _____ which was _____

Build a tower of four blocks _____

Say a sentence of two to four words _____

Ride a tricycle _____

Complete a four-piece puzzle _____

Your Child

Please describe your child in five words.

Are there any personality or behavioral traits that it would be helpful for us to know?

Is there anything that frightens your child? How does s/he react to being frightened? How do you respond?

Your Child (continued)

What comforts your child?

What angers or frustrates your child?

How do you respond to your child's negative behavior?

Does your child have any comfort items to help him/her sleep?

On a typical day, what is your child's mood upon waking?

What time does your child go to bed? _____ What time does your child wake up? _____

What is your child's nap schedule? (if any)

Does your child typically have trouble sleeping (night terrors, trouble getting to sleep)?

Is your child toilet-trained? If not, what method will you be using for toilet training?

Does your child need any assistance when using the toilet? What type of help does s/he need?

How does your child let you know when s/he needs to use the restroom?

Your Child's Home and Family

Who is in your child's family? Please list the name of each person in the family and his/her age. For the adults in the family, please include the highest level of education achieved and current occupation. (This information is for demographic purposes only.)

Who lives in the family home?

What is the primary language spoken in the family home? Please share a list of familiar words and phrases with your child's teacher.

Does your family have any cultural or religious practices that we should be aware of, such as dietary restrictions? Does your family cultural beliefs incorporate any special celebrations?

Would you be willing to come in to your child's classroom and teach the children about your family's celebrations? Do you have any suggestions as to the best way for Kids Country to incorporate your family's culture into our classrooms?

Are there any special custody arrangements and/or shared parenting arrangements for this child? If yes, please share these arrangements with us.

Is your child currently going through any major transitions, such as divorce, death in the family, new sibling, moving from crib to bed, or a new home?

Do you have any pets at home? If yes, what types of pets and what are their names?

What have your childcare arrangements been thus far?

Food and Fun

How often does your child drink milk, juice or water during the day at home?

Does your child have any favorite foods? What are they?

Does your child have any foods s/he doesn't care for? What are they?

Are there any foods your child should not eat? (Please see your Center Director for a "Child Care Plan for Health Conditions" form if your child has any food allergies or dietary restrictions.)

Where does your child sit at the table (high chair, booster seat, dining chair)?

Expectations

What are your goals for your child this year?

What are you and your child most excited about as you begin our program?

Are you or your child anxious about any part of our program?

Is there any other information about your child that would be helpful for us to know?

Parent Signature: _____ Date: _____

BrightPath Kids admits children of any race, religion, color, ethnic origin, sex or disability (ADA, 1990) and differing abilities to all the rights, privileges, programs, and activities. In addition, we will not discriminate on the basis of race, color, or ethnic origin in administration of our educational policies, scholarships, loans, fee waivers, educational programs, and extracurricular activities. In addition, the school is not intended to be an alternative to court-ordered, administrative-ordered, or public school district initiated, desegregation.

INFANT CARE INFORMATION

Child's Name:	Nickname:
Child's Date of Birth:	Siblings:
What are you feeding your infant? <input type="checkbox"/> Formula-Brand: _____ <input type="checkbox"/> Breast Milk	
Number of Daily Feedings:	Frequency of Feedings: Amount for each Feeding:
Bottle should be warmed to: <input type="checkbox"/> Room Temperature <input type="checkbox"/> Warm <input type="checkbox"/> Very Warm	Formula Preparation :
Solid Foods (Please list food, brand, type, amount, frequency and special instructions)	Table Food (Please list food, brand, type, amount, frequency and special instructions)
Are foods served room temperature or warmed?	Does your child drink from a cup yet?
How often should your infant's diaper be checked?	Security Items (i.e. pacifier, blankets, stuffed animals)
Nap Schedule:	Hints for getting baby to sleep: (You must secure a "Sleep Position Waiver Form" from your infant's physician if your baby is to sleep on his tummy or side. See the Center Director for this form.)
Allergies:	Special Precautions:
Is there any additional information about your infant that would be helpful for the caregivers to be aware of?	
Parent Signature/Date:	Caregiver Signature(s)/Date:
Form updated on :	Form updated on:



Cot Waiver

It is time for your child to transition from a crib to a cot.

My Child _____ has permission to sleep on a cot during nap time.

Date of Birth _____

Parent Signature



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



Connect (Parent Engagement Program)

I, _____ (Parent/Guardian Name) am the parent or guardian of _____ (Child's Name) (the "child") and have voluntarily chosen to participate in BrightPath's **Connect** (the "**Engagement Program**").

Participation Agreement

In consideration for BrightPath, its subsidiaries and affiliates providing Connect (Engagement Program), accepting my application to participate in Connect (Engagement Program), and providing me access to Connect (Engagement Program), I hereby understand, acknowledge, and agree that:

- (a) Our participation in Connect (Engagement Program) is entirely voluntary and undertaken at my own and my child's risk.
- (b) I have read the Connect Parent Engagement Information Letter attached hereto and I have had all my questions in relation to the Connect Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.
- (d) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have access to through my participation in the Connect Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless BrightPath and its agents, employees, affiliates, and/or assigns for all claims, liabilities, damages, losses, and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.
- (e) I understand and acknowledge that the Connect Engagement Program relies on the use of a third-party provider (the "**Developer**") that utilizes the internet and cloud computing technology. Accordingly, I acknowledge that the Developer will have access to information, photos, and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the Connect Engagement Program relies. I understand and accept that BrightPath will have no liability in the event of any breach of confidentiality of any information collected and copied from the Connect Engagement Program, whether or not such breach resulted from

the actions of the Developer of BrightPath, its agents, employees, or assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the Connect Engagement Program is an acceptance of this limitation of liability.

- (f) For greater certainty, I hereby release and forever discharge and agree not to make any claim against BrightPath, its board of directors, officers, agents, employees, affiliates and/or or assigns, for any and all claims, resulting from my participation and my child's participation in the Connect Engagement Program; and
- (g) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

Approval for Photos/Videos

I hereby grant permission to BrightPath and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the Connect Parent Engagement Program.

I further grant permission to BrightPath and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the Connect Parent Engagement Program.

I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the Connect Parent Engagement Program with anyone other than BrightPath and its employees.

I hereby release, defend, indemnify and hold harmless BrightPath, its board of directors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

(Name of Child)

(Parent/Guardian Approval*)

*By entering your name into the field above, you agree to the terms of the waiver.

(Date)

(Witness)

(Date)

Primary email: _____

**Parent/Guardian Authorization for the
Administration of Non-Prescription Topical
Medications by Child Care Personnel**

To Child Care Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a childcare staff member at BrightPath.

(Name of child day care program)

I understand that I must supply the childcare program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Medication: _____

Schedule of Administration: _____

Site of Administration: _____

Reason medication is being administered: _____

Medication shall be administered from: _____ to: _____

Name of Parent/Guardian _____ Date: _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Signature: _____ Relationship to child: _____

Address: _____ Telephone: _____

Staff to complete:

Parent authorization form and medication received by: _____
(Signature of staff)

Medication Started: _____ (date and time)

Medication Ended: _____ (date and time)

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.



Bright Path

The best start in life

Infant Developmental History

Today's Date _____ Child's Full Name _____
Date of Birth _____
Nickname _____ Gender: M F

Health

1. Is your child taking any medications now? Yes No
(Including aspirin, laxatives, vitamins, etc.)

If yes, what? _____ Why? _____

3. What arrangements have you made for the care of your child should he/she become ill at the center?

4. Does your child have any special needs or disabilities? Yes No
If yes, please describe: _____

5. Has your child ever been hospitalized? Yes No
If yes, please describe: _____

6. Does your child chew on unusual things such as cribs, window ledges or hair? Yes No
If yes, please describe: _____

7. Has your child had any of the following? (Please check all that apply.)

- | | |
|----------------------|---|
| Premature birth | Trouble breathing at birth |
| Birth injury/Defect | Head Injury |
| Convulsions/Seizures | Allergies (including eczema, hives, drug, food intolerance, hay fever, wheezing, asthma, insect stings) |

If yes, please describe: _____

Development

At what age did your child begin to walk? _____

How do you comfort your child? _____

What are your child's favorite toys? _____

What are your child's favorite activities? _____

What is the primary language(s) spoken in your home? _____

Has your child previously been in a group childcare setting? _____

Sleeping

Please describe any specific ways in which you help your child to fall asleep:

What is your child's current sleeping schedule?

Morning Nap: Begin _____ End _____

Afternoon Nap: Begin _____ End _____

Nighttime: Begin _____ End _____

Does your child use a pacifier at naptime? Yes No

Does your child use a special toy at naptime? Yes No

Does your child use a blanket at naptime? Yes No

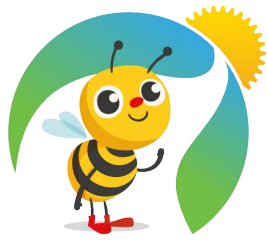
Feeding

Is your child breast-fed? Yes No Bottle fed? Yes No

Type of bottle: _____ Nipple Size: _____ Brand of Formula: _____

What is your child's present eating schedule? (Please specify approximate amounts.)

	Food	Milk/Formula
Breakfast	_____	_____
Morning Snack	_____	_____
Lunch	_____	_____
Afternoon Snack	_____	_____



Bright Path

The best start in life

Toddler Developmental History

Today's Date _____ Child's Full Name _____
Date of Birth _____
Nickname _____ Gender: M F

1. Is your child taking any medications now? Yes No
(Including aspirin, laxatives, vitamins, etc.)

Health What? _____ Why? _____

3. What arrangements have you made for the care of your child should he/she become ill at the center?

4. Does your child have any special needs or disabilities? Yes No
If yes, please describe: _____

5. Has your child ever been hospitalized? Yes No
If yes, please describe: _____

6. Does your child chew on unusual things such as cribs, window ledges or hair? Yes No
If yes, please describe: _____

7. Has your child had any of the following? (Please check all that apply)

- | | |
|----------------------|---|
| Premature birth | Trouble breathing at birth |
| Birth injury/Defect | Head Injury |
| Convulsions/Seizures | Allergies (including eczema, hives, drug, food intolerance, hay fever, wheezing, asthma, insect stings) |

If yes, please describe: _____

Development

At what age did your child begin to walk? _____

How do you comfort your child? _____

What are your child's favorite toys? _____

What are your child's favorite activities? _____

What is the primary language(s) spoken in your home? _____

Has your child previously been in a group childcare setting? _____

Sleeping

Please describe any specific ways in which you help your child to fall asleep:

What is your child's current sleeping schedule?

Morning Nap: Begin _____ End _____

Afternoon Nap: Begin _____ End _____

Nighttime: Begin _____ End _____

How does your child prefer to sleep? Stomach Side Back

Does your child use a pacifier at naptime? Yes No

Does your child use a special toy at naptime? Yes No

Does your child use a blanket at naptime? Yes No

Feeding

What is your child's present eating schedule? (Please specify amounts.)

	Food	Milk/Formula
Breakfast	_____	_____
Morning Snack	_____	_____
Lunch	_____	_____
Afternoon Snack	_____	_____



Bright Path

The best start in life

Preschool Developmental History

Today's Date _____ Child's Full Name _____

Date of Birth _____ Nickname _____ Gender: M F

Health

Is your child currently taking any medications? Yes No

If so, why? _____

Any allergies? _____

Does your child tire easily? Yes No Is your child easily excitable? Yes No

How does your child indicate that he/she needs to use the bathroom? _____

Sleep Habits

Average hours per naptime: _____ Per night: _____
(All preschoolers are required to rest quietly on their cots for a minimum of 45 minutes each afternoon.)

Comments:

Social and Emotional Background

What previous group experience has your child had and what were his/her reactions?

Do you any concerns regarding your child's behavior? _____

What types of discipline/redirection have you found to be most effective with your child? _____

How does your child get along with other children? _____

Does your child find it difficult to share possessions with others? Yes No

Is your child typically more comfortable with adults or with other children? _____

Does anyone help you to take care of your child on a regular basis? Yes No

If so, who? _____

How does your child react to new people and situations? _____

Please describe any fears or anxieties your child has: _____

How do you handle or prevent them? _____

What kinds of things can your child do by him/herself? (Include feeding, dressing, washing hands, using the toilet, tying shoes, etc.) _____

Is your child right-or left-handed, or undecided? _____

Select the word(s) which best describe your child:

Confident	Anxious	Leader	Fearful	Responsible	Cooperative
Insecure	Self-reliant	Follower	Curious	Fearless	Loving

Please describe your child's siblings, including age and gender: _____

Please describe your child's regular playmates, including age and gender: _____

How much time does your child spend alone each day (excluding TV watching)? _____

How much time does your child spend outdoors on nice days? _____

In what situations might your child need the most help? _____

What is the primary language(s) spoken in your home? _____

Special Interests

What are your child's special interests or abilities? _____

Is your child interested in books? _____

What subject(s) does he/she ask questions about? _____

About how much time does your child spend watching TV? _____

What types of play materials hold his/her attention the longest?

Indoors _____ Outdoors _____

Does child have good or poor relationship with pets? _____

Please describe the name(s) and type(s) of pets in the home: _____

Additional Information:



Special Dietary Instructions

Please indicate any special dietary instructions for your child:

Signature: _____

Date: _____



Diaper Service

One of our most popular features for families is our Diaper Service.

For an incredibly affordable price (**free for children under 1!**), BrightPath provides unlimited high quality diapers and wipes for when your child is in our care.

To take advantage of this service, fill out the following information:

Monthly Diaper Fees

Free for children under 1!

Full Time \$30

Five Half Days \$15

Three Full Days \$18

Three Half Days \$9

Two Full Days \$12

I would like to utilize the diaper/wipe service. Diapers will be provided in the correct size for each child as they grow.

Currently my child wears the following size diaper:

1 ___ **2** ___ **3** ___ **4** ___ **5** ___ **6** ___

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

***By entering your name into the field above, you agree to the terms of the waiver**



I, _____, the parent/legal guardian of _____, acknowledge that I have been given the opportunity to read, understand, and ask questions regarding the policies contained in the BrightPath Parent handbook. Furthermore, I agree to abide by the policies set forth.

I understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between BrightPath and our family. BrightPath reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature: _____ Date: _____

Print Name: _____