



## Flu Shot Day Care Requirement

The State of Connecticut has made it **MANDATORY** that all children enrolled in daycare, age 6 months to 4 years, 11 months, **MUST** receive the flu vaccine between September 1, 2023 and December 31, 2023. Your child will need to receive two doses of the flu vaccine if they had not received the vaccine in the past.

**Failure to have your child immunized for the flu during the time allowed, or failure to bring in a letter from your doctor if your child can't get it for medical reasons, will result in the exclusion from daycare for the entire length of the flu season (January 1st until March 31st)**

Please bring this letter back with the bottom portion completely filled out so that the state can track your compliance with their regulations.

Thank you for your cooperation in this most serious matter.

### Flu Shot Administration Confirmation

Child's name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Date vaccine administered \_\_\_\_\_

Signature of person administering vaccine \_\_\_\_\_

Print name/title of person administering vaccine \_\_\_\_\_

Address where vaccine was administered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOU MUST SUBMIT A LETTER OR EXEMPTION ON YOUR CHILD'S PEDIATRICIANS' LETTERHEAD EXPLAINING THE CONDITIONS OF YOUR CHILD'S EXCLUSION FROM THE FLU VACCINE REQUIREMENT.





## BrightPath Early Childhood Health Assessment Record

**To Parent or Guardian:** In order to provide the best experience, early childhood education providers must understand your child's health needs. This form requests information from you (Part I) and information from your child's health care provider (Part II). Connecticut state law requires complete primary immunizations and a health assessment by a physician, an advance practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine prior to entering an early childhood education program in CT.

### Part I – To be completed by child's parent/guardian

*Please Print*

\_\_\_\_\_  Male  Female  
Child's Name (First, Last) Birth Date

\_\_\_\_\_  
Address (Street, Town, State, and Zip)

\_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone  
Parent/Guardian Name (First, Last)

\_\_\_\_\_ Child's Dentist  
Child's Primary Health Care Provider

\_\_\_\_\_ ID Number or Medicaid Number  
Health Insurance Company

*I give consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information in these forms for confidential use in meeting my child's health and educational needs in the early childhood education program.*

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



## 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.



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: \_\_\_\_\_



## Special Dietary Instructions

Please indicate any special dietary instructions for your child:

Signature: \_\_\_\_\_

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



## **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](mailto:safety@busybeesna.com).



## APPENDIX A

### Video and Audio Recording Acknowledgement

CENTRE/ER: \_\_\_\_\_

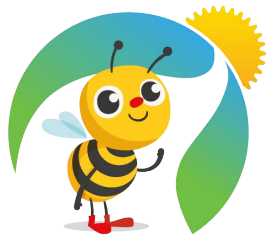
CHILD(REN)'S NAME(S): \_\_\_\_\_

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



# 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 Circle.)

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:

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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	_____	_____



Does you have any concerns regarding your child's eating habits?      Yes      No

If yes, what are they?

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## Toileting

How frequently does your child have a bowel movement? \_\_\_\_\_

Does your child frequently have diaper rash?                                      Yes      No

If so, how is it treated? \_\_\_\_\_

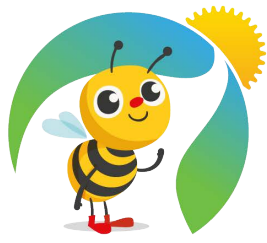
## Additional Information

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# Bright Path

The best start in life

## Toddler 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 Circle.)

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:

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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

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## 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? \_\_\_\_\_

Circle 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:



## BrightPath Early Childhood Health Assessment Record

**To Parent or Guardian:** In order to provide the best experience, early childhood education providers must understand your child's health needs. This form requests information from you (Part I) and information from your child's health care provider (Part II). Connecticut state law requires complete primary immunizations and a health assessment by a physician, an advance practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine prior to entering an early childhood education program in CT.

### Part I – To be completed by child's parent/guardian

*Please Print*

\_\_\_\_\_  Male  Female  
Child's Name (First, Last) Birth Date

\_\_\_\_\_  
Address (Street, Town, State, and Zip)

\_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone  
Parent/Guardian Name (First, Last)

\_\_\_\_\_ Child's Dentist  
Child's Primary Health Care Provider

\_\_\_\_\_ ID Number or Medicaid Number  
Health Insurance Company

*I give consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information in these forms for confidential use in meeting my child's health and educational needs in the early childhood education program.*

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





## 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.



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: \_\_\_\_\_



## 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**



# Lunch Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>	Italian Turkey Meatballs Garlic Bread Carrots Mandarin Oranges	Chicken Parmesan over Rigatoni with Marinara Sauce Tossed Salad with Dressing Seasonal Fresh Fruit	Macaroni and Cheese Broccoli Banana	Toasted Cheese on Whole Wheat Bread Tomato Soup Apple Wedges	Ranch Chicken Wraps with Cheese, Lettuce, and Tomatoes Sliced Cucumbers Orange Wedges
<b>Week 2</b>	Whole Wheat Cheese Pizza Green Beans Pineapple	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Carrots Orange Wedges	Cheese Ravioli with Marinara Sauce Broccoli Seasonal Fresh Fruit	Breakfast for Lunch! Turkey Sausage and Cheese on a Bagel Carrots Banana	Turkey Burger Sliders on Whole Wheat Bun Coleslaw Apple Wedges
<b>Week 3</b>	Toasted Cheese on Whole Wheat Bread Tomato Soup Mandarin Oranges	Taco Tuesday! Soft Tacos with Chicken, Lettuce, Tomato, Cheese and Salsa Apple Wedges	Italian Turkey Meatballs and Marinara Sauce Tossed Salad Garlic Bread Banana	Veggie Nuggets Broccoli Seasonal Fresh Fruit	Chicken Noodle Soup Soft Bread Sticks Tossed Salad with Dressing Banana
<b>Week 4</b>	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Green Beans Applesauce	Whole Wheat Cheese Pizza Tossed Salad with Dressing Seasonal Fresh Fruit	Breakfast for Lunch! Turkey Sausage and Cheese on a Bagel Carrots Apple Wedges	Macaroni Elbows with Plant-based Crumbles and Marinara Sauce Broccoli Bananas	Pita Pocket Wedges with Hummus Cucumber Slices Raisins Orange Wedges

**Milk is served with each lunch.**



**Bright  
Path**  
The best start in life

# Vegetarian Lunch Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>	Veggie Nuggets Garlic Bread Carrots Mandarin Oranges	Rigatoni with Marinara Sauce Tossed Salad with Dressing Seasonal Fresh Fruit	Macaroni and Cheese Broccoli Banana	Toasted Cheese on Whole Wheat Bread Tomato Soup Apple Wedges	Veggie Wrap with Black Beans, Cheese, Lettuce, and Tomatoes Sliced Cucumbers Orange Wedges
<b>Week 2</b>	Whole Wheat Cheese Pizza Green Beans Pineapple	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Carrots Orange Wedges	Cheese Ravioli with Marinara Sauce Broccoli Seasonal Fresh Fruit	Breakfast for Lunch! Toasted Bagel with Cheese Carrots Banana	Veggie Nuggets Whole Wheat Bun Coleslaw Apple Wedges
<b>Week 3</b>	Toasted Cheese on Whole Wheat Bread Tomato Soup Mandarin Oranges	Taco Tuesday! Soft Tacos with Black Beans, Lettuce, Tomato, Cheese and Salsa Apple Wedges	Macaroni Elbows and Marinara Sauce Tossed Salad with Dressing Garlic Bread Banana	Veggie Nuggets Broccoli Seasonal Fresh Fruit	Vegetable Soup Soft Bread Sticks Tossed Salad with Dressing Banana
<b>Week 4</b>	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Green Beans Applesauce	Whole Wheat Cheese Pizza Tossed Salad with Dressing Seasonal Fresh Fruit	Breakfast for Lunch! Toasted Bagel with Cheese Carrots Apple Wedges	Macaroni Elbows Plant-Based Crumbles and Marinara Sauce Broccoli Bananas	Pita Pocket Wedges with Hummus Cucumber Slices Raisins Orange Wedges

**Milk is served with each lunch.**





# Bright Path

The best start in life

# Snack Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning Snack</b>	Cereal with Milk	French Toast and Fruit	Yogurt and Fruit	Pancakes and Fruit	Whole Wheat Bagel with Cream Cheese
<b>Afternoon Snack</b>	Whole Wheat Goldfish and Fruit	Applesauce and String Cheese	Sunflower Butter with Graham Crackers and Fruit	Fresh Vegetables with Hummus	Fruit Slices and Cheese

**Water is served with each snack.**