

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

• _____ •

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____

• _____ •

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:***

• _____ •

Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

- * Is your child fed held in lap? _____ High chair? _____
* Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

- *Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
*Do you use: oil: _____ powder: _____ lotion: _____ other: _____
*Are bowel movements regular? _____ How many per day? _____
*Is there a problem with diarrhea? _____ Constipation? _____
*Has toilet training been attempted? _____
*Please describe any particular procedure to be used for your child at the center: _____

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____
*How does your child indicate bathroom needs (include special words): _____
Is your child ever reluctant to use the bathroom? _____
Does your child have accidents? _____

SLEEPING HABITS

- *Does your child sleep in a crib? _____ Bed? _____
Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____
Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)

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 daycare 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.

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

___ PARENT DROP OFF

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT PICK UP

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

___ PARENT DROP OFF

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT PICK UP

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

The Commonwealth of Massachusetts
Department of Early Education and Care

School Age Supplement

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:*** _____

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date



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). Massachusetts 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 MA.

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

Please Print

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

Address (Street, Town, State, and Zip)

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

Child's Primary Health Care Provider Child's Dentist

Health Insurance Company ID Number or Medicaid Number

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.

Parent/Guardian Signature Date



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 Educational Playcare **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 Handbook Acknowledgment

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: _____

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

Date: _____

Print Name: _____

Social Media Consent Form

We are excited to celebrate the amazing moments your child experiences at BrightPath Kids! With your consent, we may use photos, videos, or other media featuring your child on our official social media channels, website, or promotional materials.

Purpose of Use

BrightPath Kids strives to showcase the joy, creativity, and learning that happens at our locations. Media shared online highlights activities, milestones, and the vibrant community at BrightPath, helping us connect with families like yours.

Privacy Commitment

We respect your family's privacy. Personal information, such as your child's name, will never be included unless explicitly authorized. Media will only be used in alignment with BrightPath's values and guidelines.

Consent Declaration

Child's Name: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Parent Guardian Signature: _____

Date: _____

☐ Yes, I grant permission for my child to be on social media and other marketing materials

☐ No, I do not grant permission for my child to be on social media or any marketing materials.

Contact Information

If you have questions about this consent form or how we use media, please contact your location's director or email us at info@brightpathkids.com.

Thank you for being part of our BrightPath family!



Sunscreen / Insect Repellent Permission Form

I give permission to BrightPath staff to apply the provided non-aerosol sunscreen (SPF 15 or higher) and insect repellent (optional) to my child, according to the directions for use on the container. I understand that I am required to apply the sunscreen/insect repellent in the morning before I bring my child to the center and BrightPath staff will reapply it before going outside. Furthermore, I understand that insect repellent (if provided) will be applied no more than once per day.

Note: Each sunscreen/insect repellent container must be labeled with your child's first and last name.

Child's First and Last Name: _____

Parent/Guardian Signature: _____ Date: _____



Special Dietary Instructions

Please indicate any special dietary instructions for your child:

Signature: _____

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

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.



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