Busy Bees
The best start in life

Child Profile - Please take a moment to complete this profile to help us get to know your child

Child's Name	Child's DOB:
First Parent/Guardian Name	Second Parent/Guardian Name
Does your child have any allergies? Yes ☐ No ☐ If so, please list what they are and what reactions they experience from them:	
Does your child have any food restrictions and/or religious preferences? Yes ☐ No ☐ If so, please list them here:	
Please let us know of any birthmarks your child may have.	
What is important to you about your child's care?	
Please list favorites for your child: (games, books, activities)	
Does your child have any siblings? If so, please list the names and ages of all children in your home.	
Does your child have any pets? If so, please tell us what you have and what the name of your pet is.	
Has your child been in preschool before?	
Is there anything else you would like us to know about your child?	
What days will your child be attending?	
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 Busy Bee's **Connect** (the "**Engagement Program**").

Participation Agreement

In consideration for Busy Bees, 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.

C) 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 Busy Bees 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.

D) 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 Busy Bees 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 Busy Bees, 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.

E) For greater certainly, I hereby release and forever discharge and agree not to make any claim against Busy Bees, 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

F) 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 Busy Bees 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 Busy Bees 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 Busy Bees and its employees.

I hereby release, defend, indemnify and hold harmless Busy Bees, 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*) (Date)

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

_____ _____

(Witness) (Date)

Primary email:_____

Social Media Consent Form

We are excited to celebrate the amazing moments your child experiences at Busy Bees Child Care Center. 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

Busy Bees strives to showcase the joy, creativity, and learning that happens at our locations. Media shared online highlights activities, milestones, and the vibrant community at Busy Bee's, 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 Busy Bee'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@busybeesusa.com.

Thank you for being part of our Busy Bees family!

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 BBNA 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 Busy Bees and our family. Busy Bees reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature:_____ Date: _____

Print Name: _____

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

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

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

BEST OF CARE

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

Instructions: This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

CHILD'S NAME	DATE OF BIRTH

PARENT/GUARDIAN COMPLETING THIS FORM	WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?

PROVIDER/CENTER NAME

Has your child attended child care in the past? ☐ Yes ☐ No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)

What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children? ☐ Alone ☐ Other children

Does your child have a favorite toy or comfort object? ☐ Yes ☐ No

If yes, what?

What is your child's current sleep schedule?

Does your child fall asleep easily? ☐ Yes ☐ No

What is his/her mood upon waking?

What does your child like?

What does your child dislike?

See reverse for EOE/ADA/LEP/GINA disclosures

CHILD'S NAME

Special things you say or do to comfort your child are?

How do you know when your child is:
Happy?
Sad?
Mad?
Tired?
Other?

How does your child react when:
Something unexpected happens?

Something happens he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues? ☐ Yes ☐ No
If yes, please explain:

Does your child have any other special needs? ☐ Yes ☐ No
If yes, please explain:

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her? ☐ Yes ☐ No
If yes, please explain:

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

☐ Parent/Guardian declined to complete

Parent/Guardian Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

License# or Facility Name:_____

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Child's Name:	**Date Enrolled:**	**Sex:** ☐ **male** ☐ **female**
Home Address:		
Date of Birth:	**Date Disenrolled:**	Updated:

Parent or Guardian Name:	**Home Address:**
Phone:	**Email Address:**

Parent or Guardian Name:	**Home Address:**
Phone:	**Email Address:**

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B and R9-5-716, at least two contact persons are required.)

Name:	**Contact Telephone Number**:
Name:	**Contact Telephone Number**:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	**Name**:	**Contact Telephone Number**:

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional):___ _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:
https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#schools-home or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food, other substances, or needs a modified diet? ☐ **No** ☐ **Yes** **If yes**, describe symptoms, name foods or substances to be avoided or modified, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **Yes** **If yes**, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	**SIGNED Name**:	**DATE:**