



AUTHORIZATION FOR VIDEO/AUDIO/PHOTO RECORDING OF CHILD IN ATTENDANCE WAIVER OF PRIVACY RIGHTS

Highland Learning Center Weekday Ministry is a child care facility that exists for the purposes of caring for and educating young children. To ensure the safety and security of all the children, staff, parents, and visitors, as well as the security of our child care facility, **Highland Learning Center Weekday Ministry is equipped with a digital video surveillance system** and security cameras are installed in all classrooms, hallways, kitchen area, outdoor play area and parking lot and may conduct video surveillance of any portion of its premises at any time, **the only exception being private areas** of restrooms, changing pads (are blacked out), and dressing rooms, and that video/security cameras will be positioned in appropriate places within and around our preschool or daycare center facility and used in order to **help promote the safety and security of people and property**. The video is also used to stream live images of the children to parents and other authorized users of the web cam system so that authorized users may **view daily activities of their child(ren)** which would otherwise be missed.

In addition. Highland Learning Center Weekday Ministry parents, staff and administration **may periodically video and audiotape** (via web-based cameras and other electronic devices) and/ or photograph children as part of their day to day activities, parties, assessments, etc., therefore a video, **photo release for a child attending HLCWM is a condition of enrollment.**



HIGHLAND
LEARNING
CENTER

**PLEASE READ, INITIAL, AND SIGN AT THE
END OF THE PREADMISSION INTERVIEW
OR ANNUALLY THEREAFTER.**

_____ I **give my permission** for recording video, audio, and taking photographs of my child for the purposes of instruction and program support.

_____ I **understand and give consent** for the observation of my child, including the child's conversation over the internet, to those granted access as authorized users.

_____ If I am granted access to the web-cam system, I **agree not to provide my sign on identification or password to anyone else including other family members.**

_____ I **waive the rights to privacy** afforded my child under federal or state law to the extent of the webcam access while my child is enrolled at HLCWD. I understand that other families with children in the HLCWD may observe my child through web cam access.

_____ I **agree not to record** any images I receive from the HLCWD web cam access.

_____ I **understand the policy** and it has been reviewed with me by the director.

(Child's Name)

__ / __ / ____

(Date)

(Custodial Parent or Guardian Signature)

Username

Password