



Small Wonders Academy

SECURITY POLICY

Authorized pick-up for your child: It is part of our security policy to have a password that is given to anyone whom you designate as an authorized pick-up for your child. The password is an added measure of security for your family and will also be located with your child's emergency information. Your child will be released to this authorized person only if the following conditions have been met:

1. The Director must be notified in writing, either at the time of the enrollment or in advance of the pick-up, that you are authorizing someone other than yourself to pick-up your child. If you telephone the school to authorize a pickup, be prepared to receive a return phone call to verify the information.
2. At the time of notification, you will need to give us the authorized individual's full name and his/her approximate time of arrival so we can then notify the staff.
3. The authorized individual must show one form of identification (this must be a photo ID) and tell the supervising teacher the password you have designated below.
4. The authorized individual will be responsible for signing your child out of the building.

Please choose a 6 digit door code, it cannot start with a "0".

Door Code: ___ ___ ___ ___ ___ ___ * (Must press * after door code)

Password or phrase: _____

(This phrase must be known by anyone you have picking up your child)

Child's Name: _____

Parent's Signature

Date

Consent to apply lotions and ointments:

Please review the list of items below. If you wish the Small Wonders Academy personnel to administer any of the items, as needed, please place a check next to the item and sign below. *Please note that this form is not for prescribed or over the counter medications. Please ask the teacher for a medication log if needed.*

- Suntan Lotion
- Any Diaper Rash Ointments (A&D, Destin, etc)
- Body Lotions/Hand Lotions
- Baby Wipes

Please list any other items: _____

I give the Small Wonders Academy Personnel permission to administer the above checked items to _____ on as needed basis.
Childs Name

Parents Signature

Date

Photo Consent

At Small Wonders Academy we do many fun and exciting learning activities. We would like to document these activities by photographing the students. We need your support and agreement to allow us to do this. The pictures will only be taken during field trips, classroom and outdoor activities. The pictures may be posted at school, used in our school projects or school web community.

I give consent to Small Wonders Academy to take photographs and use them for the above stated purposes only.

Child's Name _____
Parent/Guardian Signature _____ Date _____

OR

I do not give consent for any photographs of my child to be taken or used.

Child's Name _____
Parent/Guardian Signature _____ Date _____