

Small Wonders

Early Learning Center

Permission to Photograph

I give Small Wonders Early Learning Center permission to photograph my child,
_____, for center use only. I understand that none of the
photographs will be shared outside of the center.

Parent's Signature

Date

Small Wonders

Early Learning Center

Disaster Plan and Shelter in Place Procedure

I have received, read and understand the Disaster Plan and The Shelter in Place Procedure for Small Wonders Early Learning Center. I understand that I will receive a written statement on any updates or changes made to the Plan and Procedure.

Parent's Signature

Date