



SmartCare Waiver Form

Child's Name: _____

Policy Statement: Sharon Baptist Day School's policy is to document daily activities and schedules of enrolled children and to provide parents/guardians with this information. SmartCare is a way to utilize technology to electronically communicate the above information to parents/guardians of enrolled children through emails and applications on smart phones, tablets and other electronic mediums.

Email Address: _____

I certify that I have read, understand and acknowledge the following:

_____ I am the custodial parent/legal guardian primarily responsible for the above name child and I am of age of legal majority or an emancipated minor in the state in which I sign this waiver;

_____ I understand that pictures of my child may be taken to be sent to me through SmartCare, based on the policies detailed in the Parent Policy Manual

_____ I understand that I need to keep the school updated with any changes to my email address to ensure I receive updates on my child;

_____ I understand that the Sharon Baptist Day School may use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

Day School Signature: _____

Date: _____