Annual Permission form

Please complete & sign all three sections

Dear Parents,

We need permission to administer/apply the following to your child

(Child's name)

Diaper Cream, Wipes and Sun block.

I understand that it is my responsibility to provide my child's teachers with diaper cream and wipes. Magical Beginnings will provide each classroom with sunblock. I will apply sunblock before school and teachers will reapply sunblock before afternoon outdoor time. I may provide my own sunblock if I wish to do so. I understand that all items must be provided in their original, labeled containers.

(Parent's Signature)

(Date)

We also need permission to take photos and/or videos of your child. Please **only check one box.**

 \Box Yes, in school use only.

 \Box Yes, ok to use on-line (facebook/website etc.) and in school

 \Box No, I would not like my child's photo used in any way.

(Parent's Sig	nature)
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(Date)

Large Group Transporta My child will arrive at the program	ntion Plan & Authorization My child will depart the program
Parent drop off	Parent pick up
Supervised walk	Supervised walk
Private Trans arranged by parent	Private Trans arranged by parent
Other	Other
(Parent's Signature)	(Date)

Permission for all three items will need to be updated yearly.