



Parental Permission 2018 – 2019 School Year

Child's Name: _____

DIRECTORY PERMISSION

I give permission to Lil' SAINTS Preschool to publish my name, address, email and telephone number in the center directory to be distributed to Lil' SAINTS Preschool parents and staff.

Parents' Signature

Date

TOPICAL TREATMENT PERMISSION

I give permission to Lil' SAINTS Preschool teachers to apply:

- Sunscreen
- Bug Repellant
- Bactine (Antiseptic)
- Peroxide
- Calamine Lotion

Parents' Signature

Date

PICTURE PERMISSION

I give permission to Lil' SAINTS Preschool to use my child's photo to show the activities of Lil's SAINTS Preschool for center displays, brochures, website and social media (Facebook, Instagram). No child's or parent's names are ever published.

Parents' Signature

Date