## IF THIS FORM IS NOT RETURNED YOUR CHILD WILL BE UNABLE TO PARTICIPATE IN THESE ACTIVITIES.

Parent or Guardian Signature

2023-2024 SCHOOL YEAR **PERMISSION FORM** 

I give permission for my child/children

to watch a G or PG rated **movie** in the case of extreme weather or special occasion during the 2023-2024 School Year.

Parent or Guardian Signature

I give permission for my child/children to participate in **nail painting** activities during the 2023-2024 School Year.

Parent or Guardian Signature

I give permission for my child/children to have **Glitter Tattoos** applied during the 2023-2024 School Year.

Parent or Guardian Signature

I give permission for the Guilford Before & After Care Program to share photos and/or videos of \_\_\_\_\_, on Social Media, in emails to families, and/or be of my child, used to display on bulletin boards during the 2023-2024 School Year. I understand that my child/children's full names will not be used.

Date

Guilford Center for Children, Inc

Date

Date

Date