**Smiling Faces Academy**

**Toddler Room Permission Form**

I give permission to have over the counter diaper cream applied to my child. I understand it is my responsibility to provide the cream labeled with child’s name.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission to have over the counter lotion applied to my child. I understand it is my responsibility to provide the lotion labeled with child’s name.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission to have my child nap on a 2” mat on the floor with a sheet on it.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission to have newsletters, billing and other correspondence by email.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission to have our email’s given to parents for school use only.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission to have sunscreen applied to my child. Required unless you have a doctor’s note stating otherwise. Parent is responsible to provide sunscreen that is left at the school.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission for my child to be photographed for school use.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission for my child to be included in any school photos on the web.

\_\_\_\_\_yes \_\_\_\_\_no

I have received a copy of the Handbook.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission for my child to walk anywhere offsite for the children’s safety and drills.

\_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Child(ren)’s printed name Parent signature Date

**1430 A Nelson Road Longmont, CO 80501 303-532-4310**