

Child's name _____

BALLROOM/ACTIVITY ROOM PERMISSION SLIP

I give the NPHX Preschool staff permission to take my child to the ballroom or activity room during school hours.

Parent Signature _____

Date _____

Photograph Permission

I give the NPHX Preschool staff permission to have my child photographed or video taped while on premises. I understand that photographs and videos may be used for training or media purposes.

Parent signature _____

Date _____

Wipes Permission Slip

I give the NPHX Preschool staff permission to use Kirkland Signature wipes provided by NPHX on my child for diaper changing and/or toileting accidents.

Parent Signature _____

Date _____

Sign In/Sign Out Permission

I understand that it is a requirement to sign my child in and out each day through the Brightwheel system. I also understand that it is a requirement to use my full signature in Brightwheel. I give the NPHX Preschool staff permission to sign my child in or out if this requirement is not followed.

Parent Signature _____

Date _____