

Child's name _____

BALLROOM/ACTIVITY ROOM PERMISSION SLIP

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

Parent Signature _____

Date _____

PHOTOGRAPH PERMISSION

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

Parent Signature _____

Date _____