

I give permission for my child/children	to
watch a G or PG rated <b>movie</b> in the case of extreme weather or special occasion. The name and rate	
of the movie will be announced in ADVANCE of showing.	
Parent or Guardian Signature	Date
I give permission for my child/children	
to participate in <b>nail painting</b> activities during the 2017-2018 Schoo	l Year.
Parent or Guardian Signature	 Date
ratefit of Guardian Signature	Date
I give permission for my child/children	to
have Glitter Tattoos applied during the 2017-2018 School Year.	
Parent or Guardian Signature	Date

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