



2024-2025 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  
2024-2025 School Year.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I give permission for my child/children \_\_\_\_\_  
to participate in **nail painting** activities during the 2024-2025 School Year.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I give permission for my child/children \_\_\_\_\_  
to have **Glitter Tattoos** applied during the 2024-2025 School Year.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I give permission for the Guilford Before & After Care Program to share photos and/or videos of  
of my child, \_\_\_\_\_, on Social Media, in emails to families, and/or be  
used to display on bulletin boards during the 2024-2025 School Year. I understand that my  
child/children's full names will not be used.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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