

NAME OF SUNSCREEN: _____

DATE: _____

- **I understand that I am responsible for the first application** of sun screen to be applied before my child enters The Children’s Spot.
- **The Children’s Spot is responsible for the second application** of sunscreen LOTION which will be applied at 2:30pm.
- The sun screen **LOTION** is to be delivered to the teacher.
- The sun screen **LOTION** will be labeled with your child’s name.
- **PLEASE do not send aerosol/spray sun screen.**



_____ (student’s name) has my permission to have sunscreen at 2:30p.m. with _____ (name of sun screen) which I have supplied to The Children’s Spot.

To a safe and healthy Summer...

Parent Signature

Date

NAME OF STUDENT: _____

NAME OF REPELLANT: _____

DATE: _____

- **I understand that I am responsible for the first application** of bug repellent to be applied before my child enters The Children's Spot.
- **The Children's Spot is responsible for the second application** which will be applied at 2:30pm.
- The repellent wipes are to be delivered to his/her teacher.
- The repellent wipes **must** be labeled with your child's name.
- The repellent must be **WIPES ONLY**, **NO** aerosol or lotion repellents allowed in the center.



_____ (student's name) has my permission to RE-APPLY their INSECT REPELLANT wipe at 2:30p.m. which I have supplied to The Children's Spot.

To a safe and healthy Summer...

Parent Signature: _____ Date: _____