



## Sunscreen Permission Slip

Please fill out 1 or 2, **not both**. Sunscreen will be applied once a day, before outside time.

1. My child(ren), \_\_\_\_\_, **may** have sunscreen, provided by Stepping Stones Learning Center, applied to exposed skin areas before going outside. The sunscreen will be a higher SPF than 15.
  
2. My child(ren), \_\_\_\_\_, **may not** have sunscreen that is provided by Stepping Stones Learning Center, to exposed skin areas. Instead, I will provide sunscreen for my child, that Stepping Stones Learning Center may use before my child goes outside.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Cot/Mat Permission

My Child/Children, \_\_\_\_\_, has/have my permission to sleep on a cot or mat at rest time. The cot or mat will be provided by Stepping Stones Learning Center of Littleton, and will be individually assigned. Each child will have his or her own sheet and or blanket, which will be laundered regularly.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_