

Permission Slip

Dear Parent/Guardian of	,
non-profit organization with the mission to CuddleKit will be a new pillowcase filled w	
Sincerely, Kristan Sheppeard Co-Founder,	KIDS CuddleKit Closet, Inc
Yes, my child may receive a Cuddle	Kit from KIDS CuddleKit Closet.
Parent Signature:	Date
Yes, KIDS CuddleKit Closet may use photos/	video/name of my child for KIDS CuddleKit Closet purposes.
No, I do not want my child photographed for CuddleKit.	r KIDS CuddleKit purposes, but they may still receive a
Parent Signature:	Date
	ATION If Yes, Please specify sizes below. therefore, not all kits will include clothing and/or shoes.
Child's Name:	Age: Circle One: Boy or Girl
School:	Grade Level:
Parent Phone Number:	Parent E-Mail:
Shirt Size: Pant Size:_	Shoe Size:
(Please specify on all: i.e. Youth or Adult 6	, 8, 10, 12, 14, 16, 18, etc)

Any questions, please call Veronica Cabrales (928) 503-7393 or Kristan Sheppeard (928) 246-9108