KIDS CuddleKit Closet
Kindness is Doing Something

www.cuddlekit.org

Permission Slip

Dear Parent/Guardian of _____,

Your child has been chosen to receive a CuddleKit from the KIDS CuddleKit Closet, Inc. We are a non-profit organization with the mission to spread kindness to Yuma County children. Your child's CuddleKit will be a new pillowcase filled with personalized items depending on situation.

Please sign below granting permission for your child to receive their CuddleKit. Please have your child return this signed permission slip to their school.

Permission to Receive a CuddleKit

☐ Yes, my child may receive a CuddleKit from KIDS CuddleKit Closet.

Parent Signature: _____ Date: _____

Photo & Media Permission

☐ 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 KIDS CuddleKit purposes, but they may still receive a CuddleKit.

Parent Signature: _____ Date: _____

SIZE INFORMATION *(If yes, please specify sizes below — every CuddleKit is different; not all kits include clothing/shoes.)*

Child's Name: _____ Age: _____ Circle One: Boy / 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...)

Thank you for helping us spread kindness!

Any questions, please call Veronica Cabrales at (928) 503-7393.

**** Note to school staff: Please scan and email to: kids@cuddlekit.org*

With gratitude,

KIDS CuddleKit Closet Board and Staff