

[kids@cuddlekit.org](mailto:kids@cuddlekit.org)  
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 new items. These items **may include one or more of the following**: a new pair of shoes, a new outfit, a new book, or a new activity/toy, etc... Please sign below granting permission for your child to receive their CuddleKit. Please have your child return this signed permission slip to their teacher. Sincerely, Kristan Sheppard Co-Founder, KIDS CuddleKit Closet, Inc

\_\_\_\_ Yes, my child may receive a CuddleKit 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 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...therefore, not all kits will include clothing and/or shoes.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ boy or girl

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_

(Please specify: i.e. Youth or Adult 6, 8, 10, 12, 14, 16, 18, etc...)

Shoe Size: \_\_\_\_\_

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

**\*\*\* Note to school staff: Please scan and email to: [kids@cuddlekit.org](mailto:kids@cuddlekit.org), or fax permission slip to 888-479-4942 or call to give the child's sizes. Place original permission slip in the KIDS folder at your school.\*\*\***