

Sunscreen Application

CHILD'S NAME: _____

DATE: _____

I will apply sunscreen (minimum UVA, SPF and/or UVB protection of sunscreen must be 15 or higher) and to my child before arriving at Alphabet Academy.

SIGNATURE: _____

I am requesting that the staff at Alphabet Academy re-apply the sunscreen that I have provided prior to outdoor afternoon play.

Please be sure to label this container with your child's name and 2019-2020.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

