Dear Parent,

Our FACS Exploration classes are studying child care. We are planning a one-day preschool to introduce our students to child care occupations. We would like to invite your child to participate with our students in this experience.

The preschool will be held on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. Please drop your child off at **\_\_\_\_\_\_\_\_\_\_\_** and pick up at **\_\_\_\_\_\_\_\_\_\_\_**. The preschool will be conducted in room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The children will need to be delivered and picked up *promptly* to help us keep on our school schedule. You are welcome to stay and observe if you would like, but are not required to.

The students will also be preparing granola bars to serve the children that day. The ingredients in the granola bars are: rolled oats, flour, baking soda, vanilla, butter, honey, brown sugar and chocolate chips. Apple juice will be served along with these granola bars. If your child is allergic to any of those ingredients, please indicate on the permission slip below. By doing so, I will make sure that child is not served a snack.

If you would like your child to be a part of this experience, please let me know by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. Sign the bottom of this paper giving permission for your child to participate in our preschool. If you have any questions, please feel free to call me at school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

Mrs. Vikki Masters

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I would like my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the preschool.

Is your child allergic to any of the snacks that will be served on the day of the preschool?

Please circle one: YES NO

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_