

Teachable Moments Childhood Program

Child's name: _____

Brand of Sunblock _____

Brand of Bug Repellent _____

Parent's signature: _____ Date: _____

*Please label all products and put them in a plastic Zip Lock bag labeled with your child's name. If you have more than one child at TM we ask that you bring in sunblock and bug repellent for each child as it is difficult to pass products from one classroom to the next. Thank you!