**WOODWARD’S NAIL TECH/COSMETOLOGY PROGRAM**

To Whom It May Concern:

The bearer is authorized to solicit the contribution of donated items and services suitable as a raffle prize to be offered in conjunction with our Annual Dinner Gala being held this year on May 15 at the Westbury Manor.

In lieu of, or in addition to, a raffle prize you may also choose to purchase an advertisement in the dinner journal, as well as be a guest at the dinner.

As noted below, Woodward is designated as a charitable entity under Internal Revenue Service regulation. The educational center is approved by the New York State Education Department, and Woodward is also recognized as a charity by both the United Way of Long Island and by the Better Business Bureau.

Your tax-deductible generosity will be much appreciated and duly noted in the dinner journal or by announcements at the dinner itself.  You will receive a receipt from the Woodward Center.

With the thanks of Woodward’s staff and the children we serve. If you have any questions about this solicitation, feel free to call our Executive Director.

Respectfully yours,

Barry S. Room

Event Chairman

**201 West Merrick Road**

**Freeport, New York 11520**

**Tel: (516) 379-0900**

**Fax: (516) 379-0997**

**www.woodwardchildren.org www.woodwardchildren.org**

***Reaching, Teaching and Nurturing since 1957***

Woodward Mental Health Center, Inc. d/b/a Woodward Children’s Center.

A 501(c)(3) not-for-profit clinical care center for emotionally troubled youth.

Approved special education school by New York State Education Department.

Participating provider, United Way of Long Island.



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**Children’s**

**Center**

Director of Educational Services

D.

Director of Clinical Services

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**SCHOOL YEAR 2024-2025**

August 9, 2024

Dear Parent/Guardian:

Most of you are aware that we have been running an introductory nail tech/cosmetology

program for our High School age students. During the program, students have the

opportunity to get a manicure while learning the basics of nail tech/cosmetology AT

NO COST by a fellow student or by the Program Director.

Please sign below if you give your child permission to get his/her manicure, other nail art or

hairstyle while participating in this program.

Please feel free to call Mr. Lenoci at (516) 379-0900 if you have any questions.

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**Complete, tear and return**

**NAIL TECH/COSMETOLOGY PROGRAM - SCHOOL YEAR 2024-2025**

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_ YES, I give permission to my child to get a manicure.

\_\_\_\_ NO, I do not give permission to my child to get a manicure.

\_\_\_\_ YES, I give permission to my child to get done other nail art including trips.

\_\_\_\_ NO, I do not give permission to my child to get other nail art including trips.

\_\_\_\_ YES, I give permission to my child to have his/her hair styled.

\_\_\_\_ NO, I do not give permission for my child to get his/her hair styled.

**Parent/Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WOODWARD’S TECNOLOGÍA DE UÑAS COSMETOLOGY PROGRAM**

**AÑO ESCOLAR 2024-2025**

9 de Agosto del 2024

Estimados Padres/Tutores:

La mayoría de ustedes saben que hemos estado realizando una clase introductoria sobre

tecnología de uñas/cosmetología para nuestros estudiantes de escuela secundaria. Durante

el programa, los estudiantes tienen la oportunidad de hacerse una manicura mientras

aprenden los conceptos básicos de technología de uñas/cosmetología SIN COSTO alguno por

parte de un compañero de estudios ó por el Director del Programa.

Por favor complete el formulario par dar permiso a su hijo/a para hacerse la manicura, otro

arte de uñas ó peinado mientras participa en este programa.

No dude en llamar al Mr. Lenoci (516) 379-0900 si tiene alguna pregunta.

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**Complete, recorte y regrese a la escuela**

**TECNOLOGÍA DE UÑAS/COSMETOLOGY PROGRAM -AÑO ESCOLAR 2024-2025**

**Nombre del Estudiante:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_SI, Doy permiso a mi hijo/a para que le hagan un manicure.

\_\_\_\_NO, Doy permiso a mi hijo/a para que le hagan un manicure.

\_\_\_\_SI, Doy permiso a mi hijo para que se haga otros diseños de uñas, incluyendo tips de uñas.

\_\_\_\_NO, Doy permiso a mi hijo para que se haga otros diseños de uñas, incluyendo tips de uñas.

\_\_\_\_SI, Doy permiso a mí hijo/a para que su cabello sea estilizado.

\_\_\_\_NO, Doy permiso para que el cabello de mi hijo/hija sea estilizado.

**Firma del Padre/Tutor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_