

LEMON TREE PRESCHOOL PHOTO RELEASE FORM

I, _____, the parent of a child at
LEMON TREE PRESCHOOL (Hereinafter known as the “Preschool”), have read the following:

I understand that my child whose name is listed below may be photographed and/or videoed at the Preschool during normal school hours, or on field trips and during other activities. I understand that these photographs and/or videos may be used in promoting child care services, either in print or on the Internet.

The child is known as:

_____.

With my signature below I grant permission for my child to be photographed and/or videoed, or their images recorded for print or electronic use in promoting the Preschool’s services in the manner selected. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the below uses. I agree that this form will remain in effect during the term of my child’s enrollment. I understand that there will be no payment for mine or my child’s participation if I choose to allow them to be photographed and/or videoed.

Please select one of the options below:

I allow my child to be photographed and/or videoed with their face shown _____

I allow my child to be photographed and/or videoed without their face shown _____

I do not want my child photographed and/or videoed _____

Parent/Guardian Signature

Date