



PHOTOGRAPH PERMISSION FORM

I/We _____ give permission for
my/our child _____ to be photographed while at preschool.

By giving permission, I/We understand that these pictures may be used for the following:
Please initial below. You may choose to initial one, both or none.

_____ Any and all classroom projects that may be sent home with
other students.

_____ Any and all advertisements that relate to preschool which
may be distributed to the community.

By signing this form and initialing above, I/We have agreed that my child may be photographed
by school personnel for use in all class projects and/or school advertisements.

_____ Yes, my child may be photographed.

_____ Date: _____
Signature

_____ No, my child may **not** be photographed.

_____ Date: _____
Signature