

## 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.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ No, my child may not be photographed.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_