



## Photo Release Form

I, \_\_\_\_\_, the parent/guardian of the following student(s):

\_\_\_\_\_ (student name)

\_\_\_\_\_ (student name)

\_\_\_\_\_ (student name)

AGREE to grant permission for:

DO NOT Agree to grant permission for:

my child(ren) to be photographed for print or electronic use at Shepherd of the Valley Preschool ("Preschool") for class purposes only (including but not limited to photos used for classroom projects, Me Books, school class photos, as well as postings in private Facebook settings for classroom families only). I understand photos may be taken during normal school hours, field trips, or other Preschool related activities. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child(ren)'s enrollment at Shepherd of the Valley Preschool. I understand that there will be no payment or compensation otherwise for me or my child(ren)'s participation in this release.

AGREE to grant permission for:

DO NOT Agree to grant permission for:

my child(ren) to be photographed for print or electronic use at Shepherd of the Valley Preschool ("Preschool"). By granting permission, I understand that these photographs may be used in marketing materials to promote the Preschool, either in print or on the internet. I understand photos may be taken during normal school hours, field trips, or other Preschool related activities. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child(ren)'s enrollment at Shepherd of the Valley Preschool. I understand that there will be no payment or compensation otherwise for me or my child(ren)'s participation in this release.

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Parent/Guardian Signature

Date

No pictures will be used without this form on file granting parent/guardian permission.