

Shining Stars Preschool

Picture Taking Consent Form

As parent/guardian of _____(students name),
who attends Shining Stars Preschool, I give permission for my child to
be included in photographs and videotaped. I understand that images
and/or filmed or audio recordings will not be sold to anyone for
commercial use. The images will be used around the classroom and may
be placed on the Shining Stars Preschool website and/or Shining Stars
Preschool Facebook page. Please indicate by checking the box below
whether your child has permission to be photographed and filmed.

YES I give permission (circle and initial) _____

NO, I do not give permission (circle and initial) _____