***Shining Stars Preschool***

Picture Taking Consent Form

As parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student’s 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) \_\_\_\_\_\_\_\_\_\_\_\_