

## Early Learning Academy Photo Release

Child's First Name

Child's Last Name

I give permission for my child to be photographed or video-taped while participating in **Early Learning Academy**. I understand that these photos/videos will be used for educational purposes only within the classroom and school.

I give permission for my child's photo to be shared with news outlets (newspapers and TV stations) and preschool and district social media sites (Facebook, Twitter, Instagram, ETC.) for educational purposes. <Optional>

I prefer that my child **NOT** be photographed while participating in **Early Learning Academy** Preschool events and activities but do understand that it is necessary for their progress monitoring and individual documentation.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

