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Early  
Learning  
Academy

## Photo Release

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Child's First Name

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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 photo/tapes 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) for educational purposes.
  
- I prefer that my child **NOT** be photographed while participating in ***Early Learning Academy*** events and activities.

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Parent/Guardian Name (Print)

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Parent/Guardian Signature

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Date