



Bright Start Child Development Center Photo/Media Release Form

I give permission for my child, _____, to be
(child's name)
photographed during school activities and events for:

Please check any/all that would apply to your child.

- _____ Preschool purposes and displayed within the school
_____ Purpose of posting on the school website
_____ Purpose of publicizing the school's activities in the local media

You have my permission to identify my child by first name only with the picture and/or video.

_____ Yes _____ No

Parent's Signature

Date

Parent's Name *(please print)*

I wish to withhold permission to photograph and/or videotape my child,
_____, at this time.
(child's name)

Parent's Signature

Date

Parent's Name (please print)