



Media/Photography Consent Form

We would appreciate it if parents completed this consent form in order to allow their children to be photographed during special events or normal day to see activities organized at Jupiter Learning Academy. If you do not want to have your child photographed, please do not hesitate to indicate this in the section below.

_____ I understand that my child(ren) whose name(s) are listed below may be photographed at Jupiter Learning Academy during normal business hours field trips, or activities.

_____ I understand that these photographs may be used in school newsletters or displayed within the center, or parent engagement app.

_____ I give permission for my child(ren) to be photographed, or their images recorded to be used for media purposes (ei. Facebook, newsletters, flyers)

_____ I understand that Jupiter Learning Academy owns the copyright to the multimedia materials in which my child may appear.

The following are the names of my children attending Jupiter Learning Academy:

_____ Yes, I confirm that I have read and understood the consent form above.

_____ No, I do not wish to have my child(ren) photographed for any purpose.

Name: (please print) _____

Signature: _____ Date: _____