



Sonshine Preschool Photograph/Video Release Form

I, _____,

(Print Name of Parent/Guardian)

the parent/guardian of a child at Sonshine Preschool, agree to the following:

I understand that my child, whose name is listed below, may be photographed and or videotaped at Sonshine Preschool during normal business operating hours.

Child Name: _____

With my signature below I grant permission for my child to be photographed and/or videotaped. I grant permission for images and recordings for print or electronic use in promoting Sonshine Preschool's services.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment (2021-2022).

I **give permission** for my child (name above) to be photographed and/or videotaped.

(Parent/Guardian Sign Here)

(Date)

I **do not give permission** for my child to be photographed and/or videotaped.

(Parent/Guardian Sign Here)

(Date)