Willow Academy

Photo & Video Release Form

Child's Name: _____
Date of Birth: _____

At **Willow Academy**, we love to capture special moments of learning, play, and discovery to celebrate your child's growth and share the joy of our community. With your permission, we may use photographs or videos of your child in the following ways:

✅ Classroom displays and learning documentation
✅ School newsletters and communications
✅ Willow Academy's website and social media platforms
✅ Marketing materials (e.g., brochures, flyers)

Please review and complete the section below:

Consent Selection (Check One):

☐ **Yes, I give permission** for Willow Academy to take and use photographs and/or video recordings of my child for the purposes listed above.
☐ **No, I do not give permission** for my child to be photographed or recorded.

Parent/Guardian Information

Name (Printed): _____
Signature: _____
Date: _____

This form will remain in effect for the duration of your child's enrollment at Willow Academy unless otherwise updated in writing.