

BAY ONE PRESCHOOL

7106 3 AVENUE

BROOKLYN, NY 11209

Media Permission Form

CHILD'S NAME: _____

CHILDREN LOVE TO SEE PHOTOS OF THEMSELVES AND THEIR FRIENDS. WE SOMETIMES USE PHOTOS TO RECORD OUR PROJECTS, AS PARTS OF OUR LEARNING GAMES/ACTIVITIES, AS LABELS AROUND THE CLASSROOM. WE ALSO SEND MANY PHOTOS HOME WITH PARENTS WHEN WE ARE DONE WITH THEM. PLEASE INDICATE IF YOU GIVE PERMISSION FOR YOUR CHILD'S PHOTO TO BE TAKEN FOR CLASSROOM USE.

_____ NO, I DO NOT GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED.

_____ YES, I DO GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED.

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____