**Foundations for Learning Preschool**

635 Cumberland Road, Bedford PA 15522

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**Photo & Social Media Form 2018**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From time to time, we will photograph or videotape your child for use in classroom activities, parent events, local publicity, inclusion on a school website in the school newsletter. Pease check ONE of the choices below.

\_\_\_\_\_ I give permission for Jeannette, Jolene or one of the parents to photograph/video tape my child for the uses outlined in the paragraph above.

OR \_\_\_\_\_ I give permission for my child’s teachers to take photographs of my child for use in the classroom activities or programs that may arise during the school year.

OR \_\_\_\_\_ I DO NOT wish to have my child photographed or videotaped while attending preschool.

Sign and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_