



Hope Lutheran Church Preschool Photo Release

I, _____, the parent/guardian of, _____

That attends Hope Lutheran Church Preschool, understand and agree to the following by initialing each photo option and signing my name at the bottom along with the date and my relationship to the child.

_____ I understand and give my permission that my child may be photographed at the preschool during school hours, events, parties, activities, graduation slide show, scrapbooks, and projects.

_____ I understand and give my permission that these photographs along with first names may be used advertising in promoting child care services, either in print or on social media. Social media uses may include preschool website www.hlcpelca.org, church website and the preschool Facebook page. Advertisements or promotions in the church bulletin or other publications.

_____ 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 understand that this form will remain in effect during the term of my child's enrollment and that there will be no payment for me or my child's participation in this release.

I sign below to show that I fully understand and give my permission to the above photo release options.

Parent/Guardian Signature _____ **Date** _____

Relationship To Child _____