Reisterstown United Methodist Nursery School

Photo Release

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

As a school, we like to photograph the children in play and learning situations. We need your permission to be able to display those photos. We will NEVER include children’s names with our photos.

Please consider each situation carefully, and indicate whether your child is to be included in those photos.

I give my permission for my child’s photo to be used in the following manner:

Please initial YES or NO

Yes No

|  |  |  |
| --- | --- | --- |
|  |  | Classroom/School displays/bulletin boards (in the building only) |
|  |  | Church displays/bulletin boards (in the building only) |
|  |  | Web page for school |
|  |  | Web page for church |
|  |  | Other social media pages (such as Facebook and Instagram) |
|  |  | Print materials for advertising and informational purposes |
|  |  | Digital advertising |

\_\_\_\_\_\_\_I do not want my child’s photo displayed, but please send me photos of my child in class.

Parent Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_