



VIDEO/PHOTOGRAPHY RELEASE FORM

I give permission for my child _____ to be photographed or videotaped by the staff of Faith Lutheran Preschool. I understand these photos may be viewed by the children, parents, and staff of the school. This may include photographs on the bulletin board at school or church, in the church newsletter, year-end slide show and on our website. No names will be put on the website.

_____ YES, I GIVE MY PERMISSION

_____ NO, DO NOT PHOTOGRAPH OR VIDEOTAPE MY CHILD

Parent/Guardian Signature _____ Date _____