

Parental Consent Photo Release Form

Please fill out and sign the appropriate statement to either give or decline permission to take and use photographs of your child. Please return this form upon registration.

Name of Child: _____ DOB: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

To **GRANT** permission to take or publish your child's photograph:

I, _____ (print parent name) **GRANT** permission to Miami Springs Baptist Preschool to take and/or publish pictures of my child _____ (print child's name) on the school website or in preschool press releases, publicity, newsletters, bulletins, and advertisements. I further state that I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to the Director or to the child's teacher that I object to any picture on the website or in any other form of publicity, it will be removed as soon as possible. At any point, permission can be denied.

Signature: _____ Date: _____

To **REFUSE** permission to take or publish your child's photograph:

I, _____ (print parent name) **REFUSE** to grant permission for Miami Springs Baptist Preschool to publish any pictures of my child _____ (print child's name) on the preschool website or any other press release. I further state that I have the right to refuse this permission as I am the child's parent or legal guardian. At any point, permission can be granted.

Signature: _____ Date: _____

