



PERMISSION TO PHOTOGRAPH

NAME: _____ DATE: _____

There are occasional circumstances in which students may be photographed or videotaped for the purposes of: web /blog site enhancement, informational brochures, center activities, media events, and/or promotional purposes.

Please check one of the spaces below to indicate consent for your child's or your photograph to be used for such purposes:

YES, I consent.

NO, I do not consent.

Signature of Student

Signature of Parent/Gaurdian