**Photo Release Form**

As the parent of a child/children at **Shining Star Montessori Learning Center**, I agree to the following:

* I understand that my children whose names are listed below may be photographed at school during normal school hours, field trips or activities.
* I understand that these photographs may be used in school newsletters or posted on the website or in other publications.
* I give permission for my child (ren)’s photographs to be posted on the website, Facebook, newsletters, or any other publication. (Only first names will be used, if added at all.
* I understand that I have the right to request, in writing to have a photo removed from the website or Facebook within 10 working days. The following are the names of my child/children:

The Following are the names of my children attending Shining Star Montessori Learning Center:

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( ) Yes, I confirm, that I have read and understood the above, and agree to have my child (ren)’s photos posted.

( ) No, I do not wish to have my child (ren)’s photographs published.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_