

PHOTO RELEASE

During the school year we often do videotaping and still photos of the children in the classrooms. The tapes and photos will be used for parent review, discussion, for research purposes, press releases and promotion of our program.

Please complete Part A to give permission for your child to be included in the videotaping and still photos. ***Do not complete both sections.***

A. I authorize my child _____ to be
Name of Child

included in videotaping and photos to be used by Thursday School.

Parent Signature

Date

B. I do not give permission for my child _____ to be
Name of Child

Included in videotaping and photos to be used by Thursday School.

Parent Signature

Date

THURSDAY SCHOOL TRANSPORTATION PERMISSION

I give the following people permission to pick up my child from pre-school. Please list all possible people at this time. The office must receive additional requests in writing prior to the day that a new person will be picking up your child

Child's Name _____

Name

Phone Number

Relationship to Child
