



School House Christian Preschool Photograph Permission Form

Name of Child: _____

_____ I give permission for my son/daughter's photograph to be used in any and all publications.

_____ I give permission for my son/daughter's photograph to be used in any and all publications, but do not use my son/daughter's name.

_____ I do not wish to have my son/daughter's photograph taken or used in any publications.

(Date)

(Signature of Parent/Guardian)