Photo Release Form

Student's Name: _____
First Middle Last

(Please initial one of the following choices):

_____I give Eagles' Nest Learning Center permission to photograph my child.

_____I do not give Eagles' Nest Learning Center permission to photograph my child. Please keep in mind that if you choose this option your child may not be able to participate in all of the craft projects that require a photo.

I understand that photographs may be taken on different occasions throughout the year such as: birthdays, holidays, and other special occasions. Photographs are also sometimes used for arts and crafts projects as well as for displaying in the classroom different projects that have taken place in the Center.

Parent's Signature _____Date_____