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## Student Photo Release Form

Please fill this form out and return it to the administration office.

Student's Name: \_\_\_\_\_

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

I hereby grant permission for video recordings and digital pictures be taken of my child or child's work. I understand that this will be solely used for official Community Preschool and Childcare business including website, newsletters, school website, graduation slides, marketing materials, etc. I understand that photographs or videos may be used for new organizations and promotional purposes.

\_\_\_\_\_ I authorize Community Preschool and Childcare to use my child's video recording and digital images on their websites and/or promotional materials.

\_\_\_\_\_ I DO NOT authorize Community Preschool and Childcare to use my child's video recording and digital images on their websites and/or promotional materials.

\_\_\_\_\_  
Parent or Guardian Signature