

## Media/Photography Consent & Release Form

As the parent/guardian of	, I agree to the following:
* I understand that my child(ren) may Preschool during normal preschool hours, a	y be videoed/photographed at Kaleidoscope Kids activities, or events.
* I understand that these photographs Kids' Facebook page, local media coverage	may be used throughout the school, on Kaleidoscope e, and/or the preschool's website.
-	school will protect my child's(ren) identity and will /photograph of my child's(ren) is used as described
Please check the appropriate statement:	
Yes, I confirm that I have read and u of my child(ren) photograph/video as descri	understood the above and thereby give consent for use ibed above.
No, I do not wish to have my child(n	ren) photographed
Name (please print)	
Signature	Date