**PHOTO RELEASE FORM**

Dear Parents,

We would greatly appreciate it if you would take a moment to fill out this photograph consent form to allow your child/children to be photographed for various reasons while in our care. In order to be photographed for any reason we must have a consent form on file for each child. No names will be associated with your child’s photos.

Please initial one of the following statements:

\_\_\_\_\_\_\_\_\_\_ YES! I give permission for my child’s picture to be taken for exclusive rights of Blue Book Schools to be utilized in Publications, Center Events and Children’s activities, classroom projects, Website and/or Facebook. (Again, no child’s name will be posted with any pictures we use.)

\_\_\_\_\_\_\_\_\_\_ NO, I DO NOT GIVE PERMISSION FOR MY CHILD’S PICTURE TO BE TAKEN FOR ANY REASON

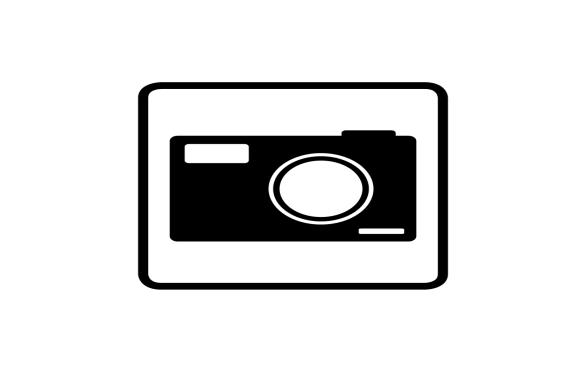
(This will mean that if there is a class project that involves pictures we will NOT be able to take your child’s picture.)

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Thank you for taking the time to read and fill out this consent form.

 Sincerely,

Blue Book Schools Staff