

ST. PAUL'S NURSERY SCHOOL OF FAIRFIELD, INC.

PHOTOGRAPH PERMISSION FORM

I, _____ hereby give my permission and consent for St. Paul' Nursery School of Fairfield, Inc. or anyone affiliated with St. Paul's Nursery School of Fairfield to photograph my child/children _____ for the following purposes:

Please initial on the appropriate line

Still Photographs:

	Give Permission	Decline Permission
Display in Facility's Scrapbook	_____	_____
Email Communication	_____	_____
Display on Bulletin Boards	_____	_____
Display on Website	_____	_____
Display for Promotional Purposes	_____	_____
Display on SPNS Facebook Page	_____	_____
Display in Local Newspaper(s)	_____	_____

Videos:

Give Video to Parents	_____	_____
Record Special Programs/Activities	_____	_____
Use for Promotional Purposes	_____	_____
Display on Website	_____	_____
Display o SPNS Facebook Page	_____	_____

I fully understand that it is my responsibility to update this form in the event that I no longer wish to authorize any of the above purposes. I further agree that this form is valid for the 2018-2019 school year.

If you decline permission for your child's picture to be posted, your child's image will be blurred in the event that a picture including him/her is posted.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____