

Photo and Video Release Form
Temple Shalom Preschool and Religious School
2014-15

Child/Student 1 Name: _____

Child/Student 2 Name: _____

Child/Student 3 Name: _____

My child attends Temple Shalom Preschool or Religious School and I agree to allow photos and videos taken in the classroom, at recess and during programs to be placed on the Temple Shalom website, in the Temple Shalom Bulletin and on the Temple Shalom Facebook page without any personally identifiable information (such as last name and address).

_____ I give permission for my child to participate in photo and video opportunities as described above.

Parent initial

_____ I do NOT grant permission for my child to participate in photo and video opportunities as described _____ described above.

Parent/Guardian Name _____ (printed)

Parent/Guardian Signature _____

Date _____

Please sign and return this form to Temple Shalom no later than September 2, 2014

This form is required on an annual basis.

Received by: _____ *Date:* _____

Eileen Levin, Education Coordinator