

**SMART START ACADEMY**

**PHOTO RELEASE FORM**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last

First

As the parent of a child/children at Smart Start Academy for Kids Inc., I agree to the following:

- I understand that my child whose name is listed above may be photographed at Smart Start Academy for Kids Inc. during normal daycare hours, field trips, or activities.
- I understand that these photographs may be used in school newsletters or mounted on the Smart Start Academy for Kids Inc. website and/or Facebook page.
- I give permission for my child's photograph to be mounted on Smart Start Academy's website, Facebook page, or newsletters. When names are added, only first names will be used.

(        )        Yes , I confirm that I have read and understand the above, and agree to have my child's photos mounted on the Smart Start Academy for Kids Inc. website, Facebook page, or newsletters.

(        )        No, I do not wish to have my child's photographs published.

Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_