



Media Release Form

Child's Name _____ Classroom _____

Children in the Son Early Learning Center has my permission to videotape and/or photograph my child for purposes.

Please mark all that apply:

- Yes, ___ No, ___: Educational projects in the classroom, Staff training, Newsletters, calendars, and Website/Facebook postings.
- Yes ___ No ___: Lillio app.
- Yes ___ No ___: First Step Sports newsletters, and/or social media
- Yes ___ No ___: Language U newsletters, and/or social media

Signature of parent/guardian

Date



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