



Media/Photography Consent & Release Form

As the parent/guardian of _____, I agree to the following:

- * I understand that my child(ren) may be videoed/photographed at Kaleidoscope Kids Preschool during normal preschool hours, activities, or events.
- * I understand that these photographs may be used throughout the school, on Kaleidoscope Kids' Facebook page, local media coverage, and/or the preschool's website.
- * I understand Kaleidoscope Kids Preschool will protect my child's(ren) identity and will not publish my child's(ren) name if a video/photograph of my child's(ren) is used as described above.

Please check the appropriate statement:

_____ Yes, I confirm that I have read and understood the above and thereby give consent for use of my child(ren) photograph/video as described above.

_____ No, I do not wish to have my child(ren) photographed

Name (please print) _____

Signature _____ Date _____