**PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD**

From time to time we take pictures during school activities. We would like your permission to use these pictures for the purpose of classroom materials (picture cards, birthday board, cloakroom cubbies), on our website, in our newsletter, or on our bulletin board. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures; we will use them exclusively for K.A.S.I.A Preschool purposes.

*Please take a moment to let us know your preferences regarding our use of photos of your child:*

\_\_\_\_YES I grant you permission to use photos of my child for K.A.S.I.A Preschool use

**-OR-**

\_\_\_\_\_NO Please do NOT take or use any photos of my child.

**Child’s Name(s) (PLEASE PRINT):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Name (PLEASE PRINT):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_