

Redmond Parent Cooperative Preschool
Photograph Release Permission Form

I (parent's name, please print) _____
give permission for my child to be photographed/videotaped in scheduled
preschool activities. Such photographs or video may be used by Redmond
Parent Cooperative Preschool for publicity or educational purposes.

| | Permission Granted | Permission Denied |
|---|--------------------|-------------------|
| Use and share in the classroom and co-op newsletter | | |
| Use for co-op and college promotion including websites - children will not be named | | |
| Use for educational purposes - children's last names will not be used | | |

Name of Student (please print): _____

Parent's signature for release: _____ Date: _____