

Monrovia Christian Preschool

Photo Release Form

I give permission for photographs of my child, _____, to be used in local newspapers and other promotional venues in relation to their activities at Monrovia Christian Preschool. I also consent for my child's name to possibly be listed in the event of a published photograph.

Parent Signature: _____ Date: _____

I DO NOT give permission for my child's photograph to be used.

Child's Name: _____

Parent Signature: _____ Date: _____