



Little Tree Playschool

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www.littletreeplayschool.org

Photo Release Form

Please check your response, sign and date the bottom of this form. Please note that each child should have their own release form.

_____ I agree to grant to Little Tree Playschool and its authorized representatives' permission to photograph and or video my child, _____. I further agree that any or all the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote Little Tree Playschool, and further that such use shall be without payment of fees, royalties, special credit or other compensation. I understand that this release does include photos that may be "posted" on any social media used by Little Tree Playschool.

_____ I DO NOT want my child to participate in any photos that may be released to the public or used on any social media.

Parent Name Printed _____

Parent Name Signature _____ Date _____

Director Name Printed _____ Date _____