

Child's Name: _____ / _____
(Last) (First)

2016 Summer Program Photo Opt-Out

I give my consent for **St. John's CECE Preschool Summer Program** to photograph my child during class activities.

(Please check mark  by each item.)

___ St. John's CECE Preschool Display in Classroom/Hallway

___ *St. John's CECE Preschool Website

___ *St. John's CECE Preschool Brochure

___ *St. John's CECE Preschool Advertising (Newsletters, newspapers,

Parent's Signature

Date

* St. John's CECE Preschool will present the photograph for your approval before it will be used for our website, brochure or other advertising.