



Photography Release Form

I, _____, guardian of _____ attending St. Anthony Park Co-op Preschool (SAPCP Preschool), acknowledge and agree to the following:

- I understand that my child may be photographed at St. Anthony Park Co-op Preschool during regular preschool hours, field trips, and activities.
- I understand that these photographs may be used in arts and crafts, in the classroom, and for children to take home as memorabilia. They may also be used for the purpose of promoting and marketing St. Anthony Park Co-op Preschool and may be used on but not limited to the following: SAPCP-only sharing groups, SAPCP Preschool Website, Facebook, Instagram, print advertising, etc. Student names will only be used in the classroom, NOT on the website or social media.

() Yes, I confirm that I have read and understood the above, and agree to have my child's photos used for the purpose of keeping parents informed of St. Anthony Park Co-op Preschool happenings and for the purpose of marketing for St. Anthony Park Co-op Preschool.

() No, I do not wish to have my child's photographs published online or in print. My child's photo may only be used in the classroom and within the preschool community.

Guardian Name (print) _____ Date: _____

Guardian Signature: _____