



## Chapel of the Cross Lutheran Preschool

### Photo Release Form

**Please sign and return this form.**

Please be advised that your child may be photographed or included in a video recording during various school activities.

\_\_\_\_\_ Yes, I give permission for my child's photograph and/or video to be posted on Chapel of the Cross Lutheran preschool social media pages or used for marketing purposes for Chapel of the Cross Lutheran Preschool only.

\_\_\_\_\_ No, my child's photograph and/or video may not be posted or used for marketing purposes for Chapel of the Cross Lutheran Preschool.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's first and last name