

Photo Release Form

Childs Name _____

Part of our jobs as teachers in Early Childhood Education is evaluating our jobs as teachers: the classroom environment, our verbal interactions with the children, the developmental areas and each child's strengths in those areas, etc. We are constantly trying to find ways to improve what we do. One of the avenues we might use is audio and videotaping various areas of the classroom for feedback to the teachers at a less concentrated time than class time. We also use photos of the children for a school photo album keepsake. Photos may be occasionally used for other educational or promotional uses such as at teacher workshops, information night presentations, brochures, website and social networking sites. Names of children will not be used on public sites. We would like your permission to use these recording methods. All photos, slides, video and audiotapes would be used for promotional and teaching purposes only and would be the property of Small Friends.

I, _____, give my permission for my child(ren) to be audio or videotaped and/or photographed for the duration of their enrollment at Small Friends for the purposes stated above.

Date: _____