

Student Photo Authorization

I _____ give permission for my student _____ to allow SonShine Preschool to include photos or videos of my student in any and all publications on SonShine Facebook page, Class Dojo, Parent contact platform, Church videos, Church website and advertisement publications.

I _____ do not give permission for my student _____ to be in an SonShine Preschool photos or videos of my student in any and all publications on SonShine Facebook page, Class Dojo, Parent contact platform, Church videos, Church website and advertisement publications.

Student Full Name: _____

Parent Full Name: _____

Parent Signature: _____

Date: _____