Photography Consent Form

I, _____(Parent Name), parent/guardian of _____(Child Name), give my permission for Apollo Preschool to take photographs of my child to be used in the center and on social media (Facebook, Instagram) and the website. Please feel free to "like" us on Facebook and appreciate the photos of our students and the events they enjoy.

- ○ Yes, I give permission to participate.
- ○ No, I do not want my student photographed.

Parent/Guardian Signature _____

Date _____