



Picture Release Form

1. I hereby grant permission for my child(ren) _____
to be photographed and/or videotaped during preschool activities.

2. I understand that these images may be placed on the
www.shaaretefila.com website, used in promotional brochures or other written
materials and activities connected with Gates of Discovery, The Rose and George
Teller Preschool of Shaare Tefila.

3. Children's names will never appear with their images unless further
permission is received.

Parent's Signature

Date

