

# Shire Early Education PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent of  
\_\_\_\_\_, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at Shire Early Education during normal daycare hours, field trips, or activities. For the purpose of (please select all that apply of the following):

- Promotions and website photos
- Ms. Tink's ECE teaching courses. Photos will only be used for educational purposes in a private and secure online college course format in which she has full control over as the instructor.
- BSU intern course work. With your permission, interns would capture learning and share with their current class on a private and secure online forum.
- Private instagram and private blog updates of learning and school happenings. This is ONLY for our school family. Everyone must use a password or be accepted by our staff creating a secure format to document our learning and create an end of the year photobook.

With my signature below I grant permission for my child(ren) to be photographed. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/Guardian Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Relationship To Child**

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