

**PERMISSION FOR  
RELEASE OF INFORMATION AND PHOTOGRAPHS**

Parents: by initialing each line of the following form, you are giving your permission for the school to release the information as stated on the adjacent line.

\_\_\_\_\_ I give permission for Buckingham United Methodist Preschool to put my family's name, address, telephone number, email address, and my child's birthday in a school directory to be distributed to preschool families and staff.

\_\_\_\_\_ I give my permission for Buckingham United Methodist Preschool to take photographs of my child to be used within the preschool to enhance some of our curriculum.

\_\_\_\_\_ I give permission for BUMP to publish my child's picture on their website and in possible future newspaper articles about the preschool.  
*\*Note: Your child's name will not be published. The photo's will be group shots used to show the variety and scope of the preschool programming.*

\_\_\_\_\_ I give permission for a professional photographer to take school photos of my child that I may or may not choose to purchase.

Child's Name \_\_\_\_\_

Parent or Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_