

NEW HOPE PRESCHOOL
PHOTO AUTHORIZATION

I hereby authorize New Hope Preschool to take pictures of my child for preschool portfolios, literature and or promotions. I will inform the preschool in the future if I want them to discontinue using my child's picture.

Signature of Parent

Name of Parent (please print)

Name of Child (please print)

Date

INFORMATION RELEASE

I hereby authorize New Hope Preschool to give my name, my child's name and our home phone number to other parents in my child's class. It will be made clear to all parents that this list may only be used for play dates, birthday parties, etc. and never for solicitation.

Signature of Parent

Date