



PHOTO RELEASE

I, being the Parent/Guardian of _____, hereby consent that the videotapes, photographs, motion picture film, and/or electronic images for which he/she posed or artwork he/she created maybe used by Four Seasons School for but not limited to display, promotional materials, including the school web site and slideshows.

Child's Name: _____

Name of Parent/Guardian (print): _____

Signature of parent/Guardian: _____ Date: ___/___/___

STUDENT DIRECTORY

I, _____, hereby consent that the following personal information may be used by Four Seasons School in their production of a student directory. I understand that the student directory is a public document.

Child's Name: _____

Parent Names – Parent 1 _____ Parent 2 _____

Home Phone: _____ Cell Phone: _____

Email: _____

Signature: _____ Date: ___/___/___

NAME POSTINGS

I, being the Parent/Guardian of _____, hereby consent to have my child's name posted within the classroom/school premises by Four Seasons School for such reasons as but not limited to Allergy Lists, Napping Lists, Sign-In/Out Lists. I understand that these lists will be posted in public access areas of the building.

Child's Name: _____

Name of Parent/Guardian (print): _____

Signature of parent/Guardian: _____ Date: ___/___/___