

Student Name: \_\_\_\_\_

### Permission to Photograph/Video - Burien Cooperative Preschool

I give permission for my child to be photographed/videotaped in scheduled preschool activities. Such photographs may be used by Burien Cooperative Preschool for publicity or educational purposes. Please indicate with your initials below which areas you grant permission.

	Permission Granted	Permission Declined
Use and share in the classroom and co-op newsletter.		
Use for Burien Cooperative Preschool and Bates Technical College promotion including web sites. Children will not be named.		
Use for educational purposes – children’s last names will not be used.		

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name