



Photo Permission

Student Name: _____

Student Name: _____

Student Name: _____

_____ I **DO** give the St. Jean Vianney Early Learning & Growth Center permission to release my child(ren)'s photograph only (no name and only taken during activities at the Early Learning Center) for publication while my child is a student at SJVELC.

_____ I **DO NOT** give the St. Jean Vianney Early Learning & Growth Center permission to release my child(ren)'s photograph only (no name and only taken during activities at the Early Learning Center) for publication while my child is a student at SJVELC.

Parent's Signature: _____

Date _____