

PHOTO RELEASE FORM

I hereby grant permission to *Lollipop Tree Nursery School* to use photographs and/or videos of my child in publications, news releases, online, and in other communications related to the mission of *Lollipop Tree Nursery School*. I understand that *Lollipop Tree Nursery School* will never print my child's name in relation to the proposed picture or video.

(Signature of Adult, or Guardian of Children under age 18)

Name _____

Address _____

Phone (day) _____ (evening) _____

Email Address (optional) _____

Thank you!