

Photography/Privacy Rights Consent Form

Dear Parent/Guardian

As the parent of a child/children at Cornerstone Learning Center, I agree to the following:

I understand that my child (ren) whose name(s) are listed below may be photographed at **Cornerstone Learning Center** during normal school hours, field trips, or activities.

I understand that these photographs may be posted in print for the school, for advertising purpose or for classroom display **(PLEASE CIRCLE) YES NO**

Our website/Public Facebook page **(PLEASE CIRCLE) YES NO**.

Our PRIVATE **Parents Only** Facebook page **(PLEASE CIRCLE) YES NO**.

In the Event that a complaint is made, we will allow the person(s) filing the complaint to view our classroom surveillance cameras directly related to the complaint.

Parent/Guardian Name		Relationship To Child	
Child 1Name			
Child 2 Name			
Child 3 Name			
Address			
City		State	Zip
I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.			
Parent/Guardian Signature			Date