



West Chester Playschool Inc.
Parent Release Form
School Year 2017-2018

Please initial next to all that apply.

_____ I give my consent to have my picture or my child's picture to be used publicly for West Chester Playschool, including on our Facebook account and our website. No names will be shown in any of the publicity; these are just candid shots of the children, teachers and families at play. I waive all rights and claims I may have arising from this consent.

_____ I give my consent to have video with my child or me used publicly for West Chester Playschool, for our Facebook account and our website. No names will be shown in any of the publicity. I waive all rights and claims I may have arising from this consent.

_____ I give my consent to have my child's name and information included in the family directory. This information will include parent's names, address, phone numbers and email addresses. This information is to be used only for Playschool families and alumni to coordinate activities for the children and MAY NOT be used for any marketing purposes. I waive all rights and claims I may have arising from this consent.

Child's Name

Parent/Guardian Signatures

Date