School-Age Child Care Program
Media Release Form

Program Name: _____

Child's Name: _____

Parent/Guardian Name: _____

Purpose of the Media Release

Our School-Age Child Care Program regularly celebrates learning, creativity, and student involvement. With your permission, your child may be photographed or video recorded for program-related purposes, including:

- Classroom and program activities
- Bulletin boards and displays
- Newsletters or parent communication
- School or district publications
- Program marketing materials
- Social media pages managed by the school/program
- Training or educational presentations

Permission Selection

Please select one option:

☐ YES — I GIVE permission
I give permission for my child to be photographed or video recorded during school-age child care program activities. I understand these images or videos may be used for classroom purposes, program materials, newsletters, school/district websites, and official social media.

☐ NO — I DO NOT GIVE permission
I do not give permission for my child to be photographed or video recorded for any program or school-related purpose.

Parent/Guardian Consent

Parent/Guardian Signature: _____

Date: _____

FLIP OVER

