Warren Woods Early Childhood Program

Media Release Form

Program Name: Warren Woods Early Childhood Program

Child's Name: _____

Parent/Guardian Name: _____

Purpose of the Media Release

The Warren Woods Early Childhood Program may document student learning and activities through photos and video recordings. With your permission, your child may appear in materials used for:

- Classroom activities and projects

- Displays within the school

- Newsletters or family communication

- School or district publications

- District-approved social media accounts

- Program marketing or informational materials

- Educational or training presentations

Permission Selection

Please select one option below:

☐ YES — I GIVE permission
I give permission for the Warren Woods Early Childhood Program to photograph or video record my child. I understand that these images or videos may be used for classroom purposes, program communication, school/district publications, 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: _____