

# St. Matthew's Parish Day School

## PHOTO RELEASE

I understand that my child(ren) whose name(s) are listed below may be photographed at St. Matthew's during normal school/daycare hours, field trips, or activities. I understand that these photographs may be used in promoting St. Matthew's' services, either in print, website, or sanctioned classroom social media.

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 my child's participation in this release.

I do not consent to the photographing of my child/ren for any purpose while at St. Matthew's.

The child(ren) are known as: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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