Photography and Video Form

Please fill out one of the sections below

I **give** permission for Faith Family Fellowship to photograph or video my child (Print child's name) _____ for the purpose of posting them on our private Facebook page, Faith Family Weekday Preschool, or in the preschool itself.

You can join our Private Facebook page by searching "Faith Family Weekday Preschool" and requesting to join. Once the Administrator confirms you are a family member of a student you will be admitted.

Signature _____ Date _____

Printed Name _____

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I **do <u>not</u> give** permission for Faith Family Fellowship to photograph or video my child (Print child's name) _____ for the purpose of posting them on our private Facebook page, Faith Family Weekday Preschool, or in the preschool itself.

Signature _____ Date _____

Print Name _____