

RIVERSIDE UNIFIED SCHOOL DISTRICT
SUNSHINE EARLY CHILDHOOD CENTER
951-352-8488

Date: _____

PICTURE RELEASE FORM:

1. I give permission to the Sunshine staff to take and use pictures of my child for publicity and educational purposes in connection with the school program.

Child's Name: _____
(Please print)

Parent/Guardian Signature _____

2. I give permission for pictures to be taken of my child for classroom projects only.

Child's Name: _____
(Please print)

Parent/Guardian Signature _____

3. I do not give permission for pictures to be taken of my child.

Child's Name: _____
(Please print)

Parent/Guardian Signature _____