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______________________