



Excellence in Child Development Since 1994.

Consent for School Photographs

I am receiving this consent form because I have opted not to have my child photographed/videotaped at Milestones and would like to make an exception for school photos.

I _____ (your name) give consent for Milestones Day School to take

(initial below all that apply)

_____ (initial) an individual school photo of my child and a copy will be emailed to me. I understand all reasonable steps have been taken to assure privacy through email, but email is never a guarantee of privacy.

_____ (initial) a class photo of my child and a copy will be emailed to me. I understand that by consenting to a class photograph my child's photograph may be shared by other students and families outside of Milestones without my permission, as Milestones does not have control over other students and families conduct. I also understand that there will be two class photos taken, one that will be posted on the website without my child's photo and another that will be sent to families that has my child's photo.

Name: _____

Date: _____

Signature: _____

