

AAESA Great Start Readiness Program PHOTOGRAPHY AND VIDEO PERMISSION

I **give/do not give** permission for my child _____ to be
(circle one) (Name of Child)

photographed and videoed during the AAESA Great Start Readiness Program class time and any special events that take place in association with the program. I give permission for these photographs and videos to be used in information, advertising, on the AAESA website or in the promotion of the Great Start Readiness Program.



Signature _____

Date _____

Relationship to child _____