

Holy Trinity Christian Day School Ministry

Photo Permission Form

I do/do not (please circle one) give Holy Trinity Christian Day School Ministry permission to take photographs and/or video recordings of my child _____ . These pictures and/or video recordings are to be used exclusively for publications within the Day School Ministry.

Parent's Name

Date

I do/do not (please circle one) give Holy Trinity Christian Day School Ministry permission to take photos of my child _____ for use in marketing or on any website.

Parent's Name

Date