



Dear Parents,

Your expressed preference will be honored. If you do not express a preference, we will automatically exclude your child. Verbal consent is not sufficient.

Thank you.

Nell Cooper

Director

I give permission for _____ to appear in photographs,
Child's Full Name
videotapes, slideshows, and other visual depictions representing White Oak Early Education. I understand that such depictions shall be in keeping with the Christian philosophy and practices of this ministry and shall be used solely for non-commercial purposes.

_____ I would prefer that my child not appear.

Parent Signature _____ Date _____