



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

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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 \_\_\_\_\_