



St. Luke's Day School – School Year 2018-2019

INFORMATION CONSENT FORM

Child's Name _____

Class _____

I **consent** to have my:

- _____ address
- _____ phone number(s)
- _____ email

listed in the directory.

I **consent** to allow my child to be photographed for:

- _____ Parent newsletters
- _____ Website
- _____ Facebook, Instagram, Snapchat
- _____ YouTube
- _____ Photographer's website
- _____ Class videos

I **consent** to allow:

_____ Any and all information to be released to St. Luke's Episcopal Church, upon request from the church office.

I **do not consent** to: *Please list objections below.*

_____ Parent signature _____ Date