

**HOSANNA LUTHERAN CHILDHOOD CENTER  
AUTHORIZATION FOR PHOTOGRAPHS**

Child's Name \_\_\_\_\_

Child's Birthdate \_\_\_\_\_

Parent's Name (Printed) \_\_\_\_\_

Class child is enrolled in \_\_\_\_\_

\_\_\_\_\_ I grant permission for my child to be photographed while attending Hosanna Lutheran Childhood Center. I also understand that photographs of my child could appear in newsletters, local newspapers, and/or the HLCC website to promote Hosanna Lutheran Childhood Center.

\_\_\_\_\_ I refuse to grant permission for my child to be photographed while attending Hosanna Lutheran Childhood Center. I also understand that NO photographs will appear in newsletter, local newspapers, and/or the HLCC website to promote HLCC.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Would you like to receive information regarding family activities at Hosanna Lutheran Church?

\_\_\_\_\_ No thank you.

\_\_\_\_\_ Yes, below you will find my email address or my home address.

\_\_\_\_\_ Email (OR)

\_\_\_\_\_ Home Address