



**Elizabethtown Independent Schools**

**MORNINGSIDE AFTER SCHOOL CARE PROGRAM**

**PHOTO/VIDEO RELEASE**

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We are hoping to capture your child by photo and video during the After School Care Program. We hope to then use these photos and clips in scrapbooks, our web site, and other projects.

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PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM:

Morningside After School Care Program has my permission to photograph and video my child during the Program's activities.

Child's name: \_\_\_\_\_

DATE: \_\_\_\_\_

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Signature of Parents/Guardians