



therapy&learningcenter

Brooklyn's Early Childhood Program for All Learners

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www.tlckids.org



PHOTOGRAPH & VIDEO CONSENT FORM

DATE: ____/____/____

Student's Name: _____

Student's D.O.B.: ____/____/____

I, _____, hereby grant permission to TLC for photographs and videos of my child _____ to be taken in school and displayed in the school / classroom for educational purposes. I understand that photographs and videos will not be used outside of the school or for any other purpose without my consent.

Parent / Guardian Signature

Date