



COX PRESCHOOL

630 South Main Street

Hightstown, NJ 08520

☎ (609) 443-4473

Photo Release Form

I give permission for photographs of my child, _____, to be used on the Cox Preschool website (www.coxpreschool.com) or the Cox Preschool Facebook page (www.facebook.com/coxpreschool) in relation to his/her activities at Cox Pre School. It is our policy that the full names of students will not be used. Occasionally, it might be necessary to use the first name of a student, but no last names, addresses, and/or phone numbers will ever be used. Any photograph posted will be removed upon written request.

Parent Signature: _____ Date: _____

I DO NOT give permission for my child's photograph to be used.

Child's Name: _____

Parent Signature: _____ Date: _____