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Private Preschool

1200 Clifton Avenue

Collingdale, PA. 19023

School # 610-522-2101/Fax # 610-522-9103

E-mail: Changinglanes@comcast.net

**PHOTO RELEASE FORM / 2025-2026**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give Changing Lanes Learning Center INC with its authority, permission to reproduce, publish, circulate, or otherwise use any school pictures /videos of my child produced by Changing Lanes Learning Center, INC. These photos/videos may be used in any promotional materials produced by Changing Lanes Learning Center, INC. This also includes the permission to advertise them on our web-site at www.changinglaneslearningcenter.org

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

I do not want my child (ren)’s photograph to be used.

Please print parent/guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent/Guardian Month \_\_\_\_\_\_\_\_ 2025/2026

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name(s) of Student(s) Date(s) of Birth

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone School Year