



MENACHEM MENDEL ACADEMY
Early Learning Center

MEDIA RELEASE FORM

As the parent/guardian of _____,

- I hereby authorize*** Menachem Mendel Academy Early Learning Center to photograph and/or videotape my child throughout the school year and during program functions. I understand that photos and recordings of my child may be used for public relations to promote Menachem Mendel Academy via email, website(s), social media, flyers, and similar publications.
- I do NOT authorize*** Menachem Mendel Academy Early Learning Center to photograph and/or videotape my child. I understand that my child may be excluded from newsletters and other school publications accordingly.

Parent/Guardian Name: _____

Parent/Guardian Signature

Today's Date