



WESTWOOD PRESCHOOL  
8007 W. MAPLE  
WICHITA, KANSAS 67209  
722-1213

### PHOTO AUTHORIZATION

I authorize \_\_\_\_\_ picture to be taken by  
(Student's name)

digital, 35 mm, or video camera for the express purpose of illustrating the program at Westwood Preschool, making reproductions for class members to have as memorabilia, or use on the school's website. I understand that at no time will my child's name or other information be printed or given out.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_