



1604 West 1st Street
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www.acaeagles.net

Media Release

Child's Name _____

Parent's Name _____

Please circle yes or no for each of the following questions.

I will allow my child's picture to be used in the following ways:

- | | | |
|-----|----|----------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | For use in the ACA yearbook, either with a group or individually. Your child's name may or may not be included with the picture. |
| Yes | No | In a photo taken of the classroom and shared with you or other families in the Child Care wing or school. |
| Yes | No | In a Power Point presentation. Your child's name will not be use. |
| Yes | No | In a newspaper article, advertisement, brochure, or ACA web site. The child's name will not be used. |

Special Instructions: _____

Parent's Signature _____ Date _____