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**St. Joseph Church
Photo Permission Form**

**Personal & Confidential
Information**

Anita Panagakos, Faith Formation Coordinator
860-379-3369 apanagakos@stjoseph-winsted.org

Name of Family	Names of Parents
Name of Child and Numeric Grade	
1.	
2.	
3.	
4.	
5.	

Photo Permission

We photograph our activities. Please indicate that you give permission for your child/family to be photographed/filmed by us and will allow photos/videos of your child/children to appear on the parish website, social media and bulletin.

Yes, I give my permission to photograph or videotape my child/children/family. I understand names will not be used

Signature: _____

No, I do not give St Joseph Church permission to photograph or videotape my child/children or family. I understand that we may inadvertently be in a group photograph, but we prefer not to be.

Signature: _____