

# WHISPERING FARMS

MONTESSORI ACADEMY

DATE \_\_\_\_\_

## Photograph Release Form

I authorize Whispering Farms Montessori Academy to photograph my child(ren), \_\_\_\_\_ I  
Your child(ren)'s name(s) here

understand that these photographs may be used for public display or advertising purposes.

Parent/Guardian signature \_\_\_\_\_

2460 E. Prosper Trail • Prosper, Texas 75078 • 972.346.3553