

Lake Hills Montessori

600 N. Cuernavaca Dr.
Austin, TX 78733
(512) 263-9342 Fax (512) 263-9948

Child's Name _____

Consent to Photograph

I/We give permission for our child _____ to be photographed at Lake Hills Montessori. I further agree to allow their photos to be used on the webpage, in advertisements, brochures, etc...

Parent's Signature

Date

