

PERMISSION SLIP FOR THE SHUTTERFLY PHOTO STORY FOR CLASSROOMS PROGRAM

* Please sign and return the permission slip before the program start date.

School: _____

Teacher's Name: _____

Program: Shutterfly Photo Story in the Schools Program

Start date:

Child's Name (Please Print)

Child's date of birth (dd/mm/yyyy)

Parent/Guardian Name (Please Print)

Phone and e-mail (optional)

Parent/Guardian Signature

Date

By signing above, I give my child permission to participate in the Shutterfly Photo Story in the Schools Program. I understand I may access Shutterfly's comprehensive children's online privacy policy at <http://www.shutterfly.com/help/termscoppa.jsp> and I may revoke permission at any time by contacting Shutterfly at coppa@cs.shutterfly.com.