



**Seton Foundation for Learning
Joan Ann Kennedy Memorial Preschool
850 Hylan Boulevard
Staten Island, New York 10305
718- 876-0939**

VIDEO RELEASE

I hereby authorize Seton Foundation for Learning to video my child

during whole or small group class instruction, 1:1 structured teaching, speech and language therapy, occupational therapy and/or physical therapy sessions. Videos will be used to promote carryover of techniques used during the school day and in therapy sessions. This consent will be valid for the period of one year.

Parent Signature: _____

Address: _____

Email address: _____

Date: _____