



Permission to Photograph

I, _____ give permission for

Parent/Guardian Name

_____ to photograph my child, _____

Name of Child Care Provider/Facility

Child's Name

- Grant Permission**
- Decline Permission**

For the following purposes:

STILL PHOTOGRAPHY

- Display in provider's personal scrapbook
- Give photographs to current clients
- Display in facility's scrapbook and bulletin boards shown to current/prospective clients
- Display still photos on facility's website**
- Use still photos in promotional materials

VIDEO

- Give video to current parents
- Display video on facility website

- Use videos in promotional materials

OTHER:

- **Please List Below**

** Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

X

Date: _____

(mm/dd/yyyy)