



## Permission to Photograph

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian name) (Child Care Provider)  
 photograph my child, \_\_\_\_\_, for the following  
 purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Use for school Yearbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients, brochure for school	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on schools website	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on childs school Facebook page or other social media	<input type="checkbox"/>	<input type="checkbox"/>
Class communication APP	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>


\*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:

\_\_\_\_\_

(Parent or Guardian signature)

\_\_\_\_\_

(Date)