



I, _____, give permission for _____ to
(Parent or Guardian's name)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one) Grant Permission Decline Permission
Still Photographs:	
Displays in personal scrapbooks and/or websites	<input type="checkbox"/> <input type="checkbox"/>
Give photos 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	<input type="checkbox"/> <input type="checkbox"/>
Display photos on childcare website*	<input type="checkbox"/> <input type="checkbox"/>
Post photos on childcare social media (Facebook, Pinterest, Twitter, Instagram)	<input type="checkbox"/> <input type="checkbox"/>
Early Learning Coalition Display	<input type="checkbox"/> <input type="checkbox"/>
Videos:	
Give video to current parents	<input type="checkbox"/> <input type="checkbox"/>
YouTube promotional videos are also posted on childcare social media (Facebook, Pinterest, Twitter, Instagram)	<input type="checkbox"/> <input type="checkbox"/>
Other:	

*Only first names and last names (in the event of two or more children with the same 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.

Parent or Guardian signature and Date:
