



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 child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care 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 video also posted on child care 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 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.

Signature:

(Parent or Guardian signature)

(date)