



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
Still Photographs:		
Photos containing your child shared with other families	<input type="checkbox"/>	<input type="checkbox"/>
Photos containing your child for provider portfolio for future clients to view activities that I provide	<input type="checkbox"/>	<input type="checkbox"/>
Photos containing your child shared with instructors and classmates for the providers education purposes	<input type="checkbox"/>	<input type="checkbox"/>
Photos containing your child shared on providers social media sites	<input type="checkbox"/>	<input type="checkbox"/>
Photos containing your child posted on childcare social media sites and websites.	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Videos containing your child shared with other families	<input type="checkbox"/>	<input type="checkbox"/>
Videos containing your child shared with instructors and classmates for the providers education purposes	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<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)