

(Parent or Guardian name)

_____, give permission for ______ to me) (Child Care Provider)

photograph my child,	, for the following purposes:	
(Child's name)		
	/ DI	
Type of Use:	(Please check one) Grant Permission Decline Permission	
Still Photographs/video:	Grant Permission	Decline Permission
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display on childcare website		
Post on childcare's Facebook page		
Other marketing purposes		
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)