Permission to Photograph

I,_____

give permission for Adrianna

Runnels to photograph (parent's or guardian's name)

my child, ______ for the following purposes:

(child's name)

Type of Use:(Please check one)
Grant PermissionDecline PermissionStill Photographs:Display in my personal scrapbookGive photographs possibly containing
your child to current clientsDisplay in facility's scrapbook or bulletin
boards, shown to current and
prospective clientsDisplay still photos on my daycare
website *Videos:Give video to current parentsOther (please list):

* 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, and date)

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