Permission to Photograph

I,

(parent's	s or guardian's name)	
give permission for		
(name of child	d care provider or facility)	
to photograph my child,		
	(child's name)	
for the following purposes:		
Type of User	(Please check one)	
Type of Use:	Grant Permission	Decline Permission
till Photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin		
oards, shown to current and prospective clients		
Display still photos on facility's website *		
Se still photos in promotional materials		
ideos:		
Give video to current parents		
Display video on facility website		
Jse videos in promotional materials		
Other (please list):		
* only first names and possibly last initials (in the event of facility website.	two or more children with the same fin	rst name) will be displayed on the
I understand that it is my responsibility to use authorize one or more of the above uses. I a term of my child's enrollment.		
Signed:		