



Permission to Photograph

Today's Date: _____

Child's Name: _____

Parent's Name: _____

I grant permission to photograph / videotape my child for the following reasons:

(Please check one)

Use photographs on bulletin board, scrapbook or other similar uses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use photographs for promotional materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give video to current parents of enrolled children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use video for promotional materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Photographs and video will never be sold, distributed, or placed on the Internet without written permission.

Parent / Guardian Signature

Printed Name

Relationship

Date