



## 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