

Permission to Photograph

I,

_____ (Parent or Guardian's name)

Give permission for

Alejandra M Barranca

_____ (Name of childcare provider or facility)

To photograph my child,

_____ (Child's name)

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display on daycare bulletin boards, show to current and prospective clients		
Display still photos on daycare website		
Videos:		
Show to current clients		
Use videos in promotional materials		
Display video on 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)