

# LITTLE SPATS PRESCHOOL

## Permission to Photograph

I,

\_\_\_\_\_ (Parent or Guardian's name)

Give permission for

\_\_\_\_\_ (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
<b>Still Photographs:</b>		
Display on preschool bulletin boards, show to current and prospective clients		
Display still photos on preschool website /Facebook		
<b>Videos:</b>		
Show to current clients		
<b>Brochures:</b>		
Include child/ren's photo's in advertising material		

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)