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PERMISSION TO PHOTOGRAPH

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for Little Learners Prep Academy to photograph my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the following purposes:

|  |  |  |
| --- | --- | --- |
| TYPE OF USE: | GRANT PERMISSION | DECLINE PERMISSION |
| STILL PHOTOGRAPHS: |  |  |
| Display in provider’s personal scrapbook |  |  |
| Give photographs to current clients |  |  |
| Display in facility’s scrapbook or bulletin boards |  |  |
| Display still photos on facility’s website/social media sites\* |  |  |
| Use still photos in promotional materials |  |  |
| VIDEOS: |  |  |
| Give video to current parents |  |  |
| Display video on facility website/social media sites\* |  |  |
| Use videos in promotional materials |  |  |
| OTHER: |  |  |
|  |  |  |

\*Only first names, and possibly last initials, will be displayed on the facility website/social media sites.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_