



Little Learners

Early Childhood Center

Making Memories, Marking Milestones

Permission to Photograph

I, _____, give permission for the teacher(s) at Little Learners
 (parent's/guardian's name)
 to photograph my child, _____, for the following purposes:
 (child's name)

Type of Use:	(Please Circle One Response in Each Row)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in scrapbook or bulletin boards, shown to current and prospective clients	Yes	No
Include in parent newsletter	Yes	No
Give photographs to current parents	Yes	No
Include in promotional materials	Yes	No
Include on website which is password protected using first names only	Yes	No
Videos:		
Give videos to current parents	Yes	No
Use videos in promotional materials	Yes	No

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. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of child care services.

Parent's/Guardian's Signature	Date
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