



## Permission to Photograph

**Today's Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

*I grant permission to photo graph/videotape my child for the following reason:*

- ❖ Use photographs on bulletin board, scrapbook or other similar uses.
- ❖ Use photographs for promotional materials.
- ❖ Give video to current parents of enrolled children.
- ❖ Use video for promotional materials.

✓ **Please check one (Yes / No) :**

	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Facebook</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Instagram</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>YouTube</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Website</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Snapchat</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>