

**We-R-Family Childcare Services**  
**Permission to Photograph**

I,

\_\_\_\_\_ (parent's or guardian's name)

give permission for

\_\_\_\_\_ (name of child care 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 in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website *		
Use still photos in promotional materials		
<b>Videos:</b>		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
<b>Other (please list):</b>		

\* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the 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)