Permission to Photograph

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for ***New Richmond Christian Childcare*** to

 Photograph my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the following purposes:

|  |  |  |
| --- | --- | --- |
| **Still Photographs:** | **Yes** | **No** |
| * Display in my personal scrapbook
* Post photos on childcare’s Facebook page
 |  |  |
| * Display in facility’s bulletin boards, shown to current and prospective clients
 |  |  |
| * Display still photos on childcare website\*
 |  |  |
|  - Post photos on childcare’s Facebook  |  |  |
| * Media outlets (newspaper, magazines)
 |  |  |
| **Videos:** |  |  |
| * Display for program events. (graduation)
 |  |  |
| * Post video on childcare website
 |  |  |
| * Post video on childcare’s Facebook
 |  |  |
| * Media outlet ( TV stations)
 |  |  |

\*Only first names will be displayed on the facility website.

I understand that it is not permissible to photograph children enrolled in New Richmond Childcare and display on social media websites.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian signature) (Date)

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize on or more of the above uses. I agree that this form will remain in effect during the term of my child’s enrollment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian signature) (Date)