



**GARDEN OF FAITH  
PRESCHOOL  
& SCHOOL OF ARTS**

## Permission to Photograph

I, \_\_\_\_\_(Parent/Guardian name) **GIVE / DO NOT GIVE** permission to Garden of Faith  
Preschool & School of Arts, to photograph my child, \_\_\_\_\_(child's name) for the following  
purposes:

<b>Type of Use:</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 photos on facility's website *
Use still photos in promotional materials
Display video on facility website
Use videos in promotional materials

\* 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.

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(Parent or Guardian signature and date)