

## Photography Permission Slip

Name of Child Participant: \_\_\_\_\_

Name of Parent or Guardian (Releasor):  
\_\_\_\_\_

With your signature below, you consent as follows:

- I am the legal parent or guardian (releasor) of the child participant named above. I hereby give permission for the participant to be photographed (with or without other children in a particular picture).
- I understand, agree and give permission for Bright Beginnings to post the photographs on Facebook.
- I understand, agree and give permission for Bright Beginnings to otherwise use the photographs for promotional purposes.

Approval: \_\_\_\_\_

Decline: \_\_\_\_\_

Signature of Parent or Guardian (Releasor):  
\_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed, signed form to the teacher as soon as possible.  
Thank you.