

Permission to Photograph

Child's Name _____

I give permission for The Art of Play Early Learning Center to photograph my child for the following purposes:

****Permission to Photograph and Video must be fully granted for enrollment****

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in provider's personal scrapbook		
Give photographs to current families (only if part of a group photo)		
Display in center's scrapbook, bulletin boards, and/or displays		
Display on center's website and private Facebook page		
Use in promotional materials		
To be sent to Keystone STARS and Keystone STARS materials		
Use for school related projects		
Videos:		
Show to current families		
Give to current families (only if part of a group)		
Keep with provider's home videos		
Display on center's website		
To be sent to Keystone STARS and Keystone STARS materials		
Use in promotional materials		

I agree that this form will remain in effect during the term of my child's enrollment.

Parent Name _____

Parent Signature _____

Date _____

