

## 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
<b>Still Photographs:</b>		
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		
<b>Videos:</b>		
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 \_\_\_\_\_

