



## PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent of a child/children of Wise Learning Connections, LLC, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: \_\_\_\_\_.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Wise Learning services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship to Child \_\_\_\_\_