**Photography/ Video Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent of child(ren) attending Wonder Bees Childcare, acknowledge and agree to the following:

* I understand that my child(ren) whose name(s) are listed below may be photographed/video at Wonder Bees Childcare during regular daycare hours, field trips, and activities.
* I understand that these photographs/videos may be used in the purpose of promoting and marketing, arts & crafts and for children to take home as keepsakes. Also, may be used on but not limited to; Wonder Bees Childcare website, Facebook, Instagram, print advertising, etc. A first name may be mentioned, and surnames will be omitted.

The following are the name of my child(re) attending Wonder Bees Childcare:

(\_) Yes, I confirm that I have read and understand the above and agree to have my child(ren)’s photos used for the purpose of keeping parents informed of Wonder Bees Childcare happenings and for the purpose of marketing for Criss Cross Academy.

(\_) No, I do not wish to have my child (ren) photographs published.

