



MEDIA CONSENT FORM

As the parent of a child/children at Little Miracles Learning Center, I agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed or have videos taken during normal child care hours, field trips, or activities. I understand that these photographs or videos may be used in promoting child care services, either in print or electronically. Photographs and videos will NOT be used by staff to post to social media or sent to anyone other than the parents/guardians of the child(ren).

Little Miracles may reference participant's identity in the following ways:

☐ First and Last Name ☐ First Name Only ☐ Town/State of my residence

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

***Both parents/guardians must be in agreement and sign the consent in order for photographs or videos to be taken.**

I give permission for my child(ren) to be photographed or have videos taken for print or electronic use in promoting our child care services and to be displayed in the program. 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 for my child's participation.

Parent / Guardian: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ ZIP: _____

☐ Agree ☐ Disagree

Parent Signature: _____ Date: _____

Parent / Guardian: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ ZIP: _____

☐ Agree ☐ Disagree

Parent Signature: _____ Date: _____