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**PHOTO PERMISSION FORM**

**Permission To Photograph Child**

**I give my permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed and/or videotaped by teachers and staff of the Little Rascals Learning Center for purpose of advertising, public relations, and family enrichment. I understand the pictures and or videos which may include my child may be published in the center, on social media and or other public sources for advertising.**

**Parents Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_**

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**