



Elise Love & Care Academy

PHOTO RELEASE FORM

I, _____, the parent of _____ child/children at
ELISE LOVE & CARE ACADEMY (Hereinafter known as the CHILDCARE), agree to the
following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the
Daycare during normal daycare hours, field trips, or activities. I understand that these
photographs may be used in promoting childcare 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 the Daycare's 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 _____