



The Cartwright School

1647 Cartwright Road, Missouri City, Texas 77489

Email: tcschool1647@gmail.com Phone/Fax: (281) 437-6300 / 6301

URL: www.thecartwrightschool.com

Permission to Photograph

I, _____, give permission to The Cartwright School to
(parent's or guardian's name)

photograph my child, _____, for the following purposes:
(child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
*Display still photos on The Cartwright School's website: www.thecartwrightschool.com	<input type="checkbox"/>	<input type="checkbox"/>
*Post photos on The Cartwright School's Facebook page: https://www.facebook.com/tcschool1647/	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
Record YouTube™ promotional / classroom videos	<input type="checkbox"/>	<input type="checkbox"/>
Go Live! on Facebook/video postings	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
Send pictures and videos on Brightwheel	<input type="checkbox"/>	<input type="checkbox"/>
Share group photos/videos with other parents on Brightwheel	<input type="checkbox"/>	<input type="checkbox"/>

* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website. I understand that I am responsible for updating this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during my child's enrollment term.

Signed:

(parent or guardian signature and date)