Permission to Photograph

I, **Enter Parent/Guardian Name** give permission to The Cartwright School to photograph my child, **Enter Child’s Name** for the following purposes:

|  |  |  |
| --- | --- | --- |
| **Type of Use:** | **(Please check one)** | |
| **Grant Permission** | **Decline Permission** |
| **Still Photographs:** | | |
| Display in my personal scrapbook |  |  |
| Give photographs possibly containing your child to current clients |  |  |
| Display in facility’s scrapbook or bulletin boards, shown to current and prospective clients |  |  |
| \*Display still photos on The Cartwright School’s website: [www.thecartwrightschool.com](http://www.thecartwrightschool.com) |  |  |
| \*Post photos on The Cartwright School’s Facebook page: <https://www.facebook.com/tcschool1647/> |  |  |
| **Videos:** | | |
| Give video to current parents |  |  |
| Record YouTube TM promotional / classroom videos |  |  |
| Go Live! on Facebook / videos postings |  |  |
| **Other (please list):** | | |
|  |  |  |
|  |  |  |

\* 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 it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child’s enrollment.

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent or guardian signature, and date)