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)