

# St. Peter's Child Development Center Photograph and/or Videotape Permission Form

**CHILD** \_\_\_\_\_  
LAST NAME FIRST NAME MI

## Permission to Photograph and/or Videotape Child

On various occasions your child may be photographed or videotaped by a staff member while at St. Peter's CDC. These photographs may be used in public relations, advertising, and on social media.

YES NO  
(Please circle one)

If your answer is NO, do we have permission to use your child's picture within the classroom?  
i.e. Allergy board, Center time, Circle time, etc.

YES NO  
(Please circle one)

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_