



Picture Consent Form

Child's Name: _____

Date of Birth: _____

I/ We _____, allow Hope Child Group Inc. to photograph my child during normal childcare hours and special activities.

Yes No I Allow my child's photos/videos to be used on the Hope Child Group Inc. social media page.

Yes No I allow my child's photos/videos to be used in my child's classroom, on bulletin boards, and school projects.

I understand that it is my responsibility to update this form if 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.

Parent's Signature: _____

Date: _____