

Permission to Photograph

I, _____, (Parent or Guardian Name) give permission for Wild Roots Early Learning Center to photograph my child, _____, (child's name) for the following purposes:

Please check one for each line.

Type of Use:	I Grant Permission	I Decline Permission
Still Photographs:	<input type="checkbox"/>	<input type="checkbox"/>
Display in Classroom	<input type="checkbox"/>	<input type="checkbox"/>
Share photographs possibly containing your child to current class through Brightwheel or email	<input type="checkbox"/>	<input type="checkbox"/>
Display in our center scrapbook or bulletin boards, which may be seen by current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on our website	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on our Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Videos:	<input type="checkbox"/>	<input type="checkbox"/>
Share videos possibly containing your child to current class through Brightwheel or email	<input type="checkbox"/>	<input type="checkbox"/>
Share videos on our Facebook page	<input type="checkbox"/>	<input type="checkbox"/>

I understand that it is my responsibility to update 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 the term of my child's enrollment.

Parent Name: _____

Parent Signature: _____

Date: _____