



## *Permission to Photograph*

I, \_\_\_\_\_ give permission for Small Tales Early Learning Center and Daycare to photograph my child, \_\_\_\_\_ for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website, Facebook and blog *		
Use still photos in promotional materials		
<b>Videos:</b>		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
<b>Other (please list):</b>		

\*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)