

Photo Release Form

Facility Information

Childcare Program Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Acknowledgement

I, _____ the parent/guardian of _____, hereby grant or deny permission to _____ to use photographs or videos of my child during normal daycare hours, field trips, or activities. I understand that these photographs and videos may be used in promoting child care services on our website and social media platform. I understand that personal identifying information of my child will be protected and _____ (Provider's Name) will never sell or permit any entity to use such photos or videos.

I further understand that it is my responsibility to update this form in the event that 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 give my permission to use my child's photograph or video as described above.
- I do not give my consent to have photographs or video of my child used in any way, as specified above.

Name of child: _____ DOB: _____

Signature of

Parent/guardian: _____ Date: _____