

Photo Consent Form

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian's Name: _____

Your child will participate in many exciting activities while your child attends Brilliant Beginnings Learning Center. There will be times that the teachers will want to photograph what is going on. To do so, we need to have permission to take your child's picture!! This consent form is valid for one year from the date signed and may be updated at any time if your preferences change.

(Please Check One)

I agree that Brilliant Beginnings staff can photograph/video record my child and use the photos for purposes throughout the center, including daily connect, and I agree that these photos may be published in the newspaper or in advertisement material.

I agree that Brilliant Beginnings staff can photograph/video my child and use the photo for purposes throughout the center, including daily connect.

I do not wish to have my child photographed/videoed while at Brilliant Beginnings Learning Center.

Parent/Guardian Signature

Date