

Permission to Photograph

Child's Name _____

I give permission for The Art of Play Early Learning Academy to photograph my child for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in provider's personal scrapbook		
Give photographs to current families (only if part of a group photo)		
Display in center's scrapbook, bulletin boards, and/or displays		
Display on center's website and private Facebook page		
Use in promotional materials		
To be sent to Keystone STARS and Keystone STARS materials		
Use for school related projects		
Videos:		
Show to current families		
Give to current families		
Keep with provider's home videos		
Display on center's website		
To be sent to Keystone STARS and Keystone STARS materials		
Use in promotional materials		

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.

Parent Name _____

Parent Signature _____

Date _____

