

# Photo Consent Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Brilliant Beginnings will do many exciting activities while your child attends our 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, and 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.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date