



Permission to Photograph

I, _____, give permission for Wee Care to
(Parent or Guardian Name)

take photographs of my child, _____, participating in
(Child's Name)

classroom activities for the following purposes:

Type of Use:	(Please Check One) Grant Permission Decline Permission	
Display throughout Wee Care Facility	<input type="checkbox"/>	<input type="checkbox"/>
Display on Wee Care's Facebook Page	<input type="checkbox"/>	<input type="checkbox"/>
Display in brochures/scrapbook shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in First Christian Church Bulletin	<input type="checkbox"/>	<input type="checkbox"/>
Display on First Christian Church Website	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and last initials (in the event of two or more children with the same first name) will be displayed.

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)