

Permission to Photograph

I, (Parent/Guardian Name) give

permission for Cuddlebugs Child Development Center, LLC to photograph my

child, (Child's Name) for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in classroom		
Display in building		
Display on center's Facebook page *		
Display on center's Website *		
Use in promotional materials		
Videos:		
Display on center's Facebook page *		
Display on center's Website*		
Use videos in promotional materials		
Other (please list):		

* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the center Facebook page + Website

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/Guardian Signature)

(Date)