



## Permission to Photograph

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
 (Parent Name) (Child Name)

Little Acorns Learning Center, to be photographed for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display on child care bulletin boards and for craft purposes to take home and/or display at the center.		
Post on Little Acorns Learning Center Facebook page.		
For use in center promotional handouts/marketing.		

I understand that it is my responsibility to update this form if 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 enrollment.

Signed: \_\_\_\_\_  
 (Parent signature)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_