



## Photograph Permission Form

I, \_\_\_\_\_ give permission for **Watch Me Sprout** to  
(Parent or Guardian name) (Child Care Provider)  
 photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in scrapbooks and yearbooks shown to current or prospective families	<input type="checkbox"/>	<input type="checkbox"/>
Display in childcare brochure / used in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility- bulletin board, office & hallway	<input type="checkbox"/>	<input type="checkbox"/>
Display on webpage and social media	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Display video at facilities	<input type="checkbox"/>	<input type="checkbox"/>
Use video at facility functions – Christmas program & graduation etc.	<input type="checkbox"/>	<input type="checkbox"/>
Display on webpage and social media	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*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 facility 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 or Guardian signature)

\_\_\_\_\_  
 (Date)