

DAYCARE PHOTO & VIDEO

RELEASE FORM

I, _____, the parent of a child/children at Happa Baby Daycare
(Hereinafter known as the "Daycare), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed and or video recorded at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs and videos may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: _____.

With my signature below I grant permission for my child(ren) to be photographed and or video recorded, or their images recorded for print or electronic use in promoting the Daycare's services.

Check ALL that apply:


I do not wish my child(ren)'s images to be used to promote the Daycare.

I approve the use of my child(ren)'s images to be used to promote the Daycare only if the images do not show their faces.

I approve the use of my child(ren)'s images to be used to promote the Daycare only if their names are not shown.

I approve the use of my child(ren)'s images to be used to promote the Daycare.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

 Parent/Guardian Signature _____ Date _____ Page 1 of 1

Relationship To Child _____