



**Permission to Photograph**

I give permission for Little Miracles Child Development Center to photograph my child(ren),

_____	____/____/____
Child's Name	Date of Birth
_____	____/____/____
Child's Name	Date of Birth
_____	____/____/____
Child's Name	Date of Birth
_____	____/____/____
Child's Name	Date of Birth

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Display in facility's scrapbook or bulletin boards, may be shown to current and prospective clients.		
Display still photos on facility's website		
Class Projects		
Use still photos in promotional materials.		

**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