

DAYCARE PHOTO RELEASE FORM

I, _____, the parent of a child/children at Bennington Family Center:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used 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, or their images recorded for print or electronic use in allowing parents to keep up with what we are doing in the classroom. I understand that it's 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 _____

Relationship To Child _____

I, _____, the parent of a child/children at Bennington Family Center, **do not** give permission of allowing photographs or videos to be posted.

Parent/Guardian Signature _____ Date _____

Relationship To Child _____