**Photograph Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for Kelly’s Kid

Care, LLC to photograph my child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

for the following purposes:

* Displayed in scrapbook or on bulletin boards
* Shown to current and/or prospective clients
* Displayed on facility website
	+ Only first names and possibly last initials (in the event of two or more children with the same first name) will be used.
* Used 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.

By signing below, I agree that this is a legally binding form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

* I OPT OUT OF HAVING MY CHILD(REN) PHOTOGRAPHED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date