

Christian Wee Learn Center
Photo Release Form

I, _____, the parent of a child/children at Christian Wee Learn Center agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours. I understand that these photographs may be used in promoting child care services, either in print or on our website or social media page.

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. 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.

Parent/Guardian Signature _____ **Date** _____

Relationship To Child _____

