**Photo Permission**

The Center’s programs may take pictures of the children for use in the classroom or center purposes. Unless you indicate otherwise, you hereby grant permission for your child to be photographed.

 \_\_ I grant the permission for my child\_\_\_\_\_\_\_\_\_\_\_ to be photographed.

 \_\_ I do not grant permission to have my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ photographed.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_