

PHOTO RELEASE FORM

I, _____, the parent of a child/children at Footsteps Preschool agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Preschool during normal daycare hours, special events or activities. I understand that these photographs may be used in promoting childcare services, either in print or on the Internet and any social media purposes such as school's website, facebook, twitter, instagram, snapchat, yelp and etc.

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 promoting the Child care's services. 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. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature: _____

Date: _____

Relationship To The Child: _____