

JUST LIKE HOME LEARNING CENTER

DAY CARE PHOTO RELEASE FORM

I _____, the parent of a child / children at Just Like Home

Learning 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, field trips, or activities. I understand that these photograph may be used promoting child care services , 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 promoting the Daycare'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 participation in this release .

Parent / Guardian Signature : _____ Date _____

Relation to Child: _____