

PERMISSION TO PHOTOGRAPH

I, (Parent or guardian's name) _____, give permission for Genesis Early Learning Academy to photograph my child (child's name), _____ for the following purposes:

Type of use:	Grant permission	Decline permission
Still Photographs:		
Display still photos on preschool website (No names attached)		
Display still photos on preschool Facebook page(s) No Names Attached		
Videos:		
Display video on preschool website(s) (No names in video)		
Display video on preschool Facebook page		
Use video during open house events		

SIGNED (PARENT/GUARDIAN SIGNATURE AND DATE): _____