PERMISSION TO PHOTOGRAPH

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

_____, for the following purposes:

Type of use:	Grant permission	Decline permission
Still Photographs:		
Display in church or preschool scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on preschool website		
Display still photos w/out names on teacher's Facebook page		
Display still photos on church or preschool Twitter page		
Use still photos in promotional materials		
Videos:		
Show slide show to current parents		
Display slide show at open house		
Display video on teacher Facebook page		
Display video on preschool Twitter page		
Use videos in promotional material		

SIGNED (PARENT/GUARDIAN SIGNATURE AND DATE):

_____