![C:\Documents and Settings\bonnie.CSTONE\Local Settings\Temporary Internet Files\Content.IE5\8IA52ESD\MC900383904[1].wmf]()Permission to Photograph

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant permission to photograph/videotape my child for the following reasons:

 (Please check one)

|  |  |  |
| --- | --- | --- |
| Use photographs on bulletin board, scrapbook, or other similar uses | □ Yes | □ No |
| Use photographs for promotional materials  | □ Yes | □ No |
| Give video to current parents of enrolled children | □ Yes | □ No |
| Use video for promotional materials | □ Yes | □ No |
| Permission to post photographs on Stepping Stones Facebook page | □ Yes | □ No |

Photographs and video will never be sold, distributed, or placed on the internet without written permission.

 Parent/Guardian Signature Printed Name Relationship Date