



# 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use photographs for promotional materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give video to current parents of enrolled children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use video for promotional materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to post photographs on Stepping Stones Facebook page	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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Parent/Guardian Signature

Printed Name

Relationship

Date