DAYCARE PHOTO RELEASE FORM

| Daycare: |
|--|
| Phone Number: |
| Mailing Address: |
| |
| I,, a parent/guardian with a mailing address of, understand and agree the |
| my child(ren) may |
| be photographed by the daycare during normal daycare hours, field trips, or other activities and that the photographs may be used for the following purposes: (check all that apply) |
| \square - In the classroom to track progress and activities. |
| \square - Posting in daycare newsletter and other print media. |
| ☐ - Posting on closed/private daycare social media accounts. |
| ☐ - Posting on public daycare website and social media. |
| □ - Promotion and marketing of childcare services. |
| By signing this form, I understand that this release will remain in effect for the duration of my child's daycare enrollment. I understand and agree that I can revoke this release at any time by notifying the daycare in writing and that revocation will not affect any actions taken before the receipt of this written notification. |
| Parent/Guardian Signature: Date: |
| Print Name: |

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