Permission to Photograph

I,

_____
(Parent's or guardian's name)

give permission for
Stacy Willie/Country Daycare
_____
(Name of child care provider or facility)

to photograph my child (ren),

_____
(Child (ren)s name)

for the following purposes:

Type of Use:	(Please check one) Grant Permission	Decline Permission
Still Photographs:		
Display in provider's personal scrapbook		
Display in facility's scrapbook or bulletin boards, seen by current and prospective clients		
Display still photos on facility's website *		
Use still photos in promotional materials		
Videos:		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
Other (please list):		

* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website. (www.geocities.com/countrydaycareashland)

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

_____
(Parent or guardian signature, and date)

COUNTRY DAYCARE
Stacy Willie
(419) 289-0412