

Small Wonders

Photography Consent Form

Dear Parent/Guardian

As the parent of a child/children enrolled at **Small Wonders**, I agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at **Small Wonders** during normal hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

Parent/Guardian Name		Relationship To Child	
Child 1 Name			
Child 2 Name			
Child 3 Name			
Address			
City		State	Zip
I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.			
Parent/Guardian Signature			Date