Stream Childcare Academy

Creating Your Child's Future

# Permission to Photograph

I, _____, give permission for STREAM Childcare Academy to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

| Type of Use: | (Please check one) Grant Permission | Decline Permission |
|---|---|---|
| **Still Photographs:** | | |
| Display photos throughout facility | ☐ | ☐ |
| Give photographs possibly containing your child to current clients | ☐ | ☐ |
| Display in facility's bulletin boards, shown to current and prospective clients | ☐ | ☐ |
| Display still photos on child care website* | ☐ | ☐ |
| Post photos on child care's Facebook page | ☐ | ☐ |
| Post photos on all social media | ☐ | ☐ |
| **Videos:** | | |
| Give video to current parents | ☐ | ☐ |
| YouTube™ promotional video | ☐ | ☐ |
| Any marketing tools | ☐ | ☐ |
| **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.

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) (Date)