Permission to Photograph

I _____ , a parent/guardian with a mailing address of _____ understand and agree that my child(ren) _____ may be photographed by ThistleBee Discovery Center during normal daycare hours, field trips, or other activities and that the photographs may be used for the following purposes: (check all that apply)

Type of Use:	Grant Permission	Decline Permission
Display in Personal Scrapbook		
Give Photos possibly containing your child to current clients		
Display in facility's scrapbook or bulletin boards, shown to current or prospective clients		
Post photos on daycare's Facebook page		
Display photos on childcare's website *		
Other		

Videos:		
Give video to current parents		
YouTube Promo Videos		
Other:		

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: _____

*Only first names and possibly last initial (in the event of 2 or more children with the same first name) will be displayed on the facility website.