

PERMISSION TO PHOTOGRAPH

I, _____, give permission to
(Parent/Guardian Printed Name)

Best Friends to photograph my child, _____
(Child's Full Name)

for the following purposes:

(Please Check One Box For Each)

Type of Use	Grant Permission	Decline Permission
Display in center's scrapbook, bulletin board, town news shown to current and prospective clients.		
Post photo/videos on Best Friends Facebook page		
Use photos in classroom projects, yearbooks and displays.		

*Only first names and last initials (in the event of two or more children with the same first name) will be displayed on the Best Friends Facebook page.

I understand that it is my responsibility to update this form in the event 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.

Parent/Guardian Signature

Date