

PERMISSION TO PHOTOGRAPH

I, ______, give permission for École

Maison Enrichment Center to photog	graph my child,	, for th	e
following purposes:			
TYPE OF HGE	CD ANT DED MICCION	DECLINE DED MICCION	
TYPE OF USE:	GRANT PERMISSION	DECLINE PERMISSION	
STILL PHOTOGRAPHS:			
Display in provider's personal scrapbook			
Give photographs to current clients			
Display in facility's scrapbook or bulletin			_
boards			
Display still photos on facility's			
website/social media site*			
Use still photos in promotional materials			
VIDEOS:			
Give video to current parents			_
Display video on facility website/social			
media site*			
Use videos in promotional materials			_
OTHER:			_
			_
*Only first names and possibly last in	nitials will be displayed on the facility	website.	_
I understand that it is my responsibility more of the above uses. I agree that the			r
Signed:		Date:	