

Photograph Permission Form

Please fill out in full detail.

Child's Name: _____

Please indicate which of the following purposes you would like to give permission for L.A.S.E.R.
Before and After care to use photographs of your child:

Display inside the center (classrooms & hallways): Y / N (circle one)

Display on littlesproutslearningcenter.net: Y / N (circle one)

Display on Little Sprouts Learning Center Facebook Page: Y / N (circle one)

Other Y / N (circle one)

Additional Comments:

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 otherwise remain in effect during the term of my child's enrollment. Parent/Guardian Signatures:

_____ Date: _____

Print Name: _____

_____ Date: _____

Print Name: _____