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 Little Sprouts Learning Center to use photographs of your child:

Display inside the center (classrooms & hallways):	☐ Yes ☐ No
Display on littlesproutslearningcenter.net:	☐ Yes ☐ No
Display on Little Sprouts social media pages: *(Facebook, Instagram, etc.)*	☐ Yes ☐ No
Other:	☐ Yes ☐ No

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: _____