



## PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent of \_\_\_\_\_  
a student at The Kids Bay Learning Center, agree to the following:

I understand that my child whose name is listed above may be photographed at The Kids Bay Learning Center during normal school hours and activities. I understand that these photographs may be used in promoting preschool services, either in print or on the Internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting The Kids Bay's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship To Child** \_\_\_\_\_

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I DO NOT authorize the use of my child's photos on any social media or other internet or advertising mediums.

Initials