



## Permission to Photograph Children

I, \_\_\_\_\_  
(parent or guardian's name)

- give permission to Lancaster Play & Learn to photograph my child
- do not give permission to Lancaster Play & Learn to photograph my child

and to use the photographs, video, or sound recordings of the child/ren listed below for educational purposes, newsletters, publicity, promotion, news releases, videos, and web use.

\_\_\_\_\_  
(children's names)

If you see a photo you would like sent to you, leave your current email address with a staff member and we would be happy to send it to you.

Email address: \_\_\_\_\_

I understand that it is up to me 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 remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
(parent or guardian signature)

\_\_\_\_\_  
(date)