



Cozy Cubbies Home Childcare

PERMISSION TO PHOTOGRAPH

I, _____ give permission for
(Parent or guardian name)

COZY CUBBIES HOME CHILDCARE

to photograph my child, _____ for the following purposes
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in childcare's personal scrapbook		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website		
Use still photos in promotional materials		
Videos:		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
Other (please list):		

Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

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 remain in effect during the term of my child's enrollment.

Signed: _____
Parent / Guardian

Date: _____