

Photo Release Form

I, _____,
the parent of a child/children at Correa Family Christian Care
agree to the following

I understand that my child(ren) whose name(s) are listed below
may be photographed at the Daycare during normal daycare
hours. I understand that these photographs may be used in
promoting child care services, either in print or on our website or
social media page.

The child(ren) are known as:

_____.

With my signature below I grant permission for my child(ren) to
be photographed, or their images recorded for print or electronic
use. 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.

Parent/Guardian Signature _____

Date ____ / ____ / 2024

Relationship To Child _____