

### Child Care Photography Release Form

I \_\_\_\_\_, the parent of child(ren) listed below, registered at Evolve KidsCare program site(s) agrees to the following:

- I understand that my child(ren) may be photographed at Evolve KidsCare program site(s) during operating hours or activities. I understand that these photographs may be used in promoting childcare services, either in print or on the internet.
- By signing below, I grant permission for my child(ren) to be photographed, or their image recorded for print or electronic use in promoting Evolve KidsCare 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 duration of my child(ren) enrollment. I understand that there will be no payment for me or my child(ren) permission in this release.

The following are the names of my children attending Evolve KidsCare program(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Yes, I confirm that I have read and understand the above and agree to have my child(ren)'s photos published.

No, I do not wish to have my child(ren)'s photographs published.

Parent Name (print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_