

ACADEMY FOR KIDS

Permission to Video/Photograph

I am aware that my child, _____ is enrolled in a licensed facility that is participating in a family child care program coordinated by Shayla Drumm. As part of this program, the child may be videotaped and/or photographed for learning purposes. I give permission for my child to be included in said photography. No child will be shown in a negative light.

Parent/Guardian Signature

Date

Provider Signature

Date

Please fill out a separate form for each child and return as soon as possible. Thank you.