

LITTLE GROMMETS OOSHC - PHOTO RELEASE FORM

As the parent of a child/children at Little Grommets OOSHC, I agree to the following.

- I understand that my child (ren) whose name(s) are listed below may be photographed at Little Grommets OOSHC during Service Hours, at the service, on field trips or during activities.
- I understand that these photographs may be used in Service Newsletters or mounted on the Little Grommets OOSHC website and or Facebook Page.
- I understand that these photographs may be used in Promoting Little Grommets OOSHC, either in print, on the website or Facebook Page.
- I give permission for my child (ren)'s photographs to be mounted on Little Grommets OOSHC website, Facebook Page and or Newsletters (when names are added, only first names will be used).
- I agree that this form will remain in effect during the term of my child (ren)'s enrolment.

The following are the names of my child (ren) attending Little Grommets OOSHC:

() Yes, I confirm that I have read and understood the Little Grommets OOSHC Photographs and Video Recordings Policy.

() Yes, I confirm that I have read and understood the above, and agree to have my child (ren)'s photos mounted on the Little Grommets OOSHC website, Facebook Page or Newsletters.

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

NAME (please print): _____

Signature: _____

Date: _____