



www.littlesprouts.info
513-771-4444

Permission to Photograph

I give permission to Little Sprouts Learning Center to photograph my child(ren) for the following purposes:

Type of Use:	Check one option	
	Grant Permission	Decline Permission
Display on bulletin boards, or use in class projects and communication	<input type="checkbox"/>	<input type="checkbox"/>
* Display still photos on Learning Center website	<input type="checkbox"/>	<input type="checkbox"/>
*Use still photos in promotional material (newspapers, flyers)	<input type="checkbox"/>	<input type="checkbox"/>

* LSLC will not publish children's names along side the photos

_____ / _____ / _____
Child's Name Date of Birth

_____ / _____ / _____
Child's Name Date of Birth

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one of more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

_____ / _____ / _____
Parent/Guardian Signature Date