

Butterflies Academy

PHOTOGRAPHY CONSENT FORM

Dear Parent/Guardian as the parent of a child at Butterflies Academy preschool, I agree to the following:

- I understand that my child whose name is listed below may be photographed or filmed at Butterflies Academy preschool during normal daycare hours, field trips, or activities.
- I understand that these photographs or films may be used in promoting child care services, either in print or on the Internet.
- I give permission for my child to be photographed, or their images recorded for print or electronic use in promoting Butterflies Academy child care services.
- I understand that it is my responsibility to update this form if 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 during and after enrollment. I understand that there will be no payment for me or my child's participation.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____