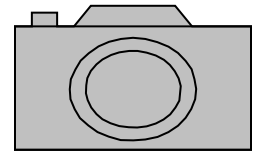


# Permission to Photograph



I,

\_\_\_\_\_ (Parent or Guardian's name)

Give permission for Holy Trinity Christian Day School to photograph my child,

\_\_\_\_\_ (Child's name)

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on <a href="http://www.holytrinitychildcare.org">www.holytrinitychildcare.org</a>		
Display still photos on HTCDS Facebook		
Use still photos in promotional materials		
<b>Videos:</b>		
Display videos on <a href="http://www.holytrinitychildcare.org">www.holytrinitychildcare.org</a>		
Display videos on HTCDS Facebook		
Use videos in promotional materials		

\* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website or Facebook page.

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

Signed:

\_\_\_\_\_ (Parent or Guardian signature, and date)

