

Little Dreams Daycare

Photo/Video Release Form

Date: _____ Program: _____

Description: _____

- I give my permission for my child (*print name*) _____ to be photographed and/or videotaped by a Little Dreams Daycare representative, or media for use in publicizing the Little Dreams Daycare in print or electronic media. I acknowledge and agree that my participation in photographs and videos may be edited and used in whole or in part as desired for this program, which may be produced duplicated, distributed and used for informational purposes. I understand that photographs become the property of Little Dreams Daycare without compensation to me.

Signed _____
(*Signature of parent or legal guardian*)

Print Name _____

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- I do not give my permission for my child (*print name*) _____ to be photographed and/or videotaped by a Little Dreams Daycare representative, or media for use in publicizing the Little Dreams Daycare in print or electronic media.

Signed _____
(*Signature of parent or legal guardian*)

Print Name _____

