

## Permission to Photograph

We, the parents of \_\_\_\_\_,

give permission for Cheryl Birthrong/Small Wonders Family Child Care to photograph our child and use these photographs for the following purposes: brochures, flyers, website, and other promotional materials.

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.

Provider \_\_\_\_\_ Date \_\_\_\_\_

Mother/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_