



# Permission to Photograph & Personal Info Release Form



I, \_\_\_\_\_, give permission for Lil' Cat's Preschool, CATC,  
(Parent or Guardian name) (Child Care Provider)  
 to photograph my child, \_\_\_\_\_, for the following purposes;  
(Child's name)  
 and allow my personal information to be shared for communication as listed below.

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Photographs:</b>		
Display in my child's personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Display photographs containing my child in the Lil' Cats Newsletter	<input type="checkbox"/>	<input type="checkbox"/>
Display in LCP informational brochures shown to prospective and current parents.	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on CATC website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on Lil' Cat's Preschool Facebook page: N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Permit filming of my child for special event videos, ex. Christmas & EOY Pre-k	<input type="checkbox"/>	<input type="checkbox"/>
Permit filming of my child for CATC or LCP promotional/ministry videos	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Info:</b>		
Give permission to share name & address with classmates for *social occasions.	<input type="checkbox"/>	<input type="checkbox"/>
*Give permission to share home phone #	<input type="checkbox"/>	<input type="checkbox"/>
*Give permission to share cell phone #	<input type="checkbox"/>	<input type="checkbox"/>
Receive text messages: If yes, please list cell phone network provider:	<input type="checkbox"/>	<input type="checkbox"/>

◆ Names will not appear in conjunction with any child on any publication or video.

\* Personal info will only be shared for communication purposes between parents for party invitations, play dates & special events or gatherings initiated by a parent.

\*\* 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)

\_\_\_\_\_

(Date)