



# Rainbow Corner Early Learning Photo Release Form

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Please read through this form and fill out accordingly.

**Type of Use:**

STILL PHOTOGRAPHY	Accept	Decline
Use in CARE for Children newsletter, annual report, or other marketing materials	<input type="checkbox"/>	<input type="checkbox"/>
Use photo for publicity in the newspaper and media blogs <i>(like WESB news blog)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on CARE social media <i>(no program participant will be identified by name)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Display in the Parent Only Text Messaging App	<input type="checkbox"/>	<input type="checkbox"/>
<b>VIDEO</b>		
Shared videos on parent platforms	<input type="checkbox"/>	<input type="checkbox"/>
Shared Videos on CARE social media	<input type="checkbox"/>	<input type="checkbox"/>
Use in CARE for Children Early Learning promotional video	<input type="checkbox"/>	<input type="checkbox"/>

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 during the school year.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_