



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
Display in the classroom or on bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>
Use in the 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- <i>Preschool Parents Only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Display in the Private Toddler Playgroup Facebook Page- <i>Playgroup Parents Only</i>	<input type="checkbox"/>	<input type="checkbox"/>

VIDEO

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.

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____