



STEPPING STONE UNIVERSITY PRESCHOOL,

"The Stepping stone into your child's future!"

SSUP PERMISSION TO PHOTOGRAPH

I, _____, give permission for STEPPING STONE UNIVERSITY PRESCHOOL (SSUP) to photograph my child, _____, for the following purposes:

Type of Use: **Grant Permission** **Decline Permission**

Still Photographs:

Display in teacher's portfolio scrapbook.

Give photographs possibly containing your child to current families.

Display in facility's scrapbook or bulletin boards, shown to current and prospective families.

Display still photos on child care website*

Post photos on SSUP'S Facebook page

School photo

Videos:

Give video to current parents

YouTube™ promotional video

End of the year video

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

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 signature)

(Date)

