



The Center for the Development of Children

4 Springdale Ave.
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Sandy Blinn, Director

(508)785-1835

PHOTO RELEASE FORM

I authorize to have my child, _____'s

(Child's name)

(Please check off all that apply)

_____ First name _____ Last Name _____ Picture be published in **local papers.**

_____ First name _____ Last Name _____ Picture to appear in **Classroom newsletters.**

_____ Picture to appear on **CDC's PUBLIC Facebook page.**

_____ Picture to appear on **CDC's CLOSED Facebook Groups**

_____ Picture to appear on **CDC's Instagram Account**

_____ Picture to appear in **Marketing Materials.**

YOUR PERMISSION IS ONLY GIVEN TO THOSE AREAS THAT ARE CHECKED OFF FROM ABOVE.

Parent /Guardian Signature

(Date)