

The Children's Center of Pittsburgh
PERMISSION TO PHOTOGRAPH

I, _____
 (parent's or guardian's name)

give permission for THE CHILDREN'S CENTER OF PITTSBURGH to photograph my child,

 (child's name)

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Classroom Use:		
Photo hung in classroom		
Photo book made for classroom use		
Photo used in Classroom Portfolios		
Center Use:		
Photo hung outside of classroom, hallways		
Family Use:		
Photo book sent home to family		
Photo emailed/texted to family		
Other Use:		
Group photos sent to all families in the class		
Photos in newsletters sent to all families in the class		
Photos in DVD's sent to families		
Photos taken during classroom events by other families		

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(s) or Guardian(s) Signature: _____ Date: _____