



PHOTO & MEDIA

RELEASE FORM

Child's Name: _____

Date: ____ / ____ / ____
(DD/MM/YYYY)

Photos/Videos Usage

Documenting the Pods activities is a part of our program. From time to time, the program may take photos and short video clips of children for classroom activities, learning documentation, and parent communication.

Purpose	Accept	Decline
Permission for Internal Use - allows the use of photos within the daycare setting.		
Display in Personal Scrapbook.	☐	☐
Display in Facility Scrapbook.	☐	☐
Display in Newsletters/Updates.	☐	☐
Display in Class Displays	☐	☐
Share with Current Parents/Guardians	☐	☐
Permission for Public Use - approves the use of child's images for public promotion.		
Promotional Print Materials	☐	☐
Social Media Posts	☐	☐
Display in Website	☐	☐
Other:	☐	☐

Consent & Agreement

I, the Parent/Legal Guardian of the above-named child, hereby give permission for Little Sprouts Learning Pod to use photographs or videos of my child for the purposes I have marked as "accepted".

I acknowledge that I have read and understand the photo release statement and policy provided by Little Sprouts Learning Pod.

I understand that I have the right to revoke this consent or withdrawal my authorization for any of the mentioned uses at any time by notifying Little Spouts Learning Center in writing.

Parent/Guardian Name: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____