

Little Leaders of KCK

Learning, Caring, Growing

Permission to Photograph

I, _____, give permission for the teacher(s) at Little Leaders
(parent's/guardian's name)
to photograph my child, _____, for the following purposes:
(child's name)

Type of Use:	Please Circle One Response in Each Row	
	Grant Permission	Decline Permission
Individual Photographs: I give permission for Little Leaders to take individual pictures of my child to be shared with me.	Yes	No
Sharing Individual and Group Photographs: I give permission for Little Leaders to take <u>individual and group</u> pictures of my child to be shared in scrapbooks, on classroom and hallway bulletin boards, and in parent newsletters. I also give permission for my child to be included in <u>group pictures</u> which may be shared with other parents through Tadpoles.	Yes	No
Graduation Slide Show: I give Little Leaders permission to include my child's pictures in a slide show that will be shown at Graduation and will be given as a gift to those graduating from Little Leaders.	Yes	No
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/Guardian's Signature	Date	