



**ANGELS KEEPERS  
LEARNING CENTER**

# DAYCARE PHOTO RELEASE FORM



857-300-0550



99 Blue Hill Ave Roxbury, MA 02119



info@angelskeeperscenter.com

# DAYCARE PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent of a child/children at Angels keepers learning center , agree to the following:

I understand that my children whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The children are known as: \_\_\_\_\_.

With my signature below I grant permission for my children to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/Guardian Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_

Relationship To Child \_\_\_\_\_