John Heinz Child Development Center

Photo Release

As a parent of a child or children at the John Heinz Child Development Center, I agree to the following:

* I understand that my child(ren), listed below, may be photographed at the John Heinz Child Development Center during normal center hours, field trips, and activities.
* I understand that these photographs may be used in newsletters, the Center website, Facebook, Newspaper, or other publications.
* I understand that I have the right to request that a picture be removed from the website of Facebook by submitting a request in writing to the director.

The following are the names of my child or children who attend the John Heinz Child Development Center:

( ) Yes, I have read and understand that my child or children may be photographed. I understand that their picture may be used in newsletters, websites, and on Facebook. I give my permission for the John Heinz Child Development Center to use my child or children’s photos.

( ) No, I do not wish to have my child or children’s photo published.

Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_