



Country Grove Children's Center
 99 Todd Hill Rd.
 Poughkeepsie NY 12603
 (845)486-1080
countryygrove@gmail.com

PERMISSION TO PHOTOGRAPH

I, _____, give permission to Country Grove Children's Center to photograph my child(ren) for the following purposes:

Type of Use:	Granted	Declined
Display in center's scrapbook		
Display on center's bulletin board, shown to current & prospective clients		
Display on Country Grove's website		
Display on Country Grove's Facebook page		
Share print photos with current clients that MAY include your child		

Country Grove will NOT publish names of children on any platform.

I understand 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 time of my child(ren)'s enrollment.

Parent Signature _____ Date _____