



# Sweet Beginnings Early Learning Center

## Photo Release Form

Sweet Beginnings Early Learning Center  
9333 N Oak Tfwy.  
KC, MO 64155

Sweet Beginnings Early Learning Center  
7400 NW River Park Drive  
Parkville, MO 64152

Child/Children's Name/(s): \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian's name) give permission for Sweet Beginnings Early Learning Center to take photographs or have photographs taken for the following purposes should the occasion arise:

Please initial all columns below to grant or deny permission

Photographs	I grant permission	I do not grant permission
Still & digital photographs		
Display on bulletin boards		
Display on facility website		
Display on facility Facebook page		
Use in promotional materials		
Use in media publications (photograph release to press/media)		
Videos		
Give video to child's parents		
Display video on facility website		
Display video on facility Facebook page		
Use for media interviews and stories (video release to press/media)		

- I give permission for my child/children to be videoed and/or interviewed for media purposes, should an opportunity arise. **Parent/Guardian Initials:** \_\_\_\_\_
- I do not give permission for my child/children to be videoed and/or interviewed for media purposes, should an opportunity arise. **Parent/Guardian Initials:** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

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. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of school services, forfeiture of retainer or both.