



# Our Shine Academy and Learning Center

## Photo and Video Release Form

I, \_\_\_\_\_, the parent or legal guardian of the  
PARENT/GUARDIAN NAME  
following child/children:

Name of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Please check one:

☐ I give permission for Our Shine Academy and Learning Center and staff to take photos and videos of my child/children listed above.

☐ I do NOT give permission for Our Shine Academy and Learning Center and staff to take photos and videos of my child/children listed above.

I authorize photos and videos to be taken of my child/children for the following purposes:

- ☐ Social media (Facebook)
- ☐ Daycare website
- ☐ Marketing materials (flyers, posters, print media)
- ☐ Bulletin Board
- ☐ Procure App

I understand that it is my responsibility to update this form as needed. In the event that I no longer wish to authorize photos and videos to be taken of my child/children, I will complete a new form to update my preferences. I agree that this form will remain in effect during my child's/children's enrollment.

Printed name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For Office: Received by: \_\_\_\_\_ on \_\_\_\_\_.