**FRUIT OF THE VINE**

 **PHOTO RELEASE FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent of a child/children at Fruit of the Vine Child Development Center (Hereinafter known as the “Center”), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Center during normal business hours, field trips, activities, and/or special events. I understand that these photographs may be used in promoting child care services, either in print (brochures and flyers)or on the Internet (YouTube, TicTok, Facebook, Instagram, Company Website).

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Center’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.

* I do consent to my child images being used
* I do not consent to my child images being used

**Parent/Guardian Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_