VALERIE KURTZ
EARLY INTERVENTION & PRESCHOOL
SUPERVISOR

STEFANIE KAHN
PRESCHOOL
PROGRAM MANAGER

Daycare Photo Release Form

I,_____ the parent of _____,
who attends PUTNAM COUNTY EARLY LEARNING CENTER agree to the following:

I understand that my child(ren) whose name(s) are listed above, may be photographed at the center during normal care hours or during center activities. I understand that these photographs may be posted on the private Microsoft team feed or may be used to promote the center in either print or on the website.

By signing below I grant permission for my child(ren) to be photographed or for their images to be recorded for print or electronic use in posting on the Microsoft team feed or to promote the center's services or activities. I understand it is my responsibility to update this form in the event I no longer wish to authorize the use of my child's photos or images. I agree that this form will remain in effect for 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.

Parent/Guardian Signature_____
Date:_____

Relationship to child_____