



Cloud 9 Daycare LLC

Photography Release Form



I, _____, parent of (Child's Name) _____
attending Cloud 9 Day Care, acknowledge and agree to the following:

-  I understand that my children whose name(s) are listed below may be photographed at Cloud 9 Day Care during regular daycare hours, trips, and activities.
-  I understand that these photographs may be used in arts & crafts and for children to take home as memorabilia. They may also be used for the purpose of promoting and marketing Cloud 9 Day Care and may be used on but not limited to; Cloud 9 Day Care's website, Facebook, Instagram, print advertising, etc. A first name may be mentioned and surnames will be omitted.

The following are the names of my children attending Cloud 9 Day Care:

1 _____ 2 _____
3 _____ 4 _____

Yes, I confirm that I have read and understand the above, and agree to have my child(ren)'s photos used for the purpose of keeping parents informed of My Childcare Academy happenings and for the purpose of marketing for My Childcare Academy.

No, I do not wish to have my child (ren)'s photographs published.

Name (print) _____ Date: _____

Signature: _____

