

PHOTO RELEASE FORM

Pea Pods Child Care

Child's Name: _____

Please mark appropriate box

I give permission I do not give permission
to Pea Pods Child Care to take or have photo's taken of my
child if the occasion should arise.

Please mark appropriate box

I give permission I do not give permission
For my child to be video taped should the occasion arise

*I understand these photos's will not be sold or distributed
without my knowledge or permission.*

Photographs are taken on different occasions such as
birthdays, holidays and special occasions and sometimes used
for arts and craft projects and various other things.

Signature of parent/guardian _____

Date: _____