620 N. Grace Street

Rocky Mount, NC 27804

252-446-7154

252-822-5070 fax

Photography Consent Form

Dear Parent/Guardian

As the parent of a child/children at Victory Learning Academy, Inc, I agree to the following: I understand that my child(ren) whose name(s) are listed below may be photographed during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services and/or facility yearbook publication, either in print or on the internet.

|  |
| --- |
| Parent/Guardian Name Relationship To Child |
| Child(ren) Name

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| Address |
| City State Zip |
| I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child care services and/or facility yearbook publication. 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. |
| Parent/Guardian Signature Date |