## Permission to Video/Photograph

| I am aware that my child,enrolled in a licensed facility that is part care program coordinated by Shayla Druprogram, the child may be videotaped ar learning purposes. I give permission for said photography. No child will be show | nmm. As part of this nd/or photographed for my child to be included in |
|--|--|
| Parent/Guardian Signature  | Date   |
| Provider Signature   | Date   |

Please fill out a separate form for each child and return as soon as possible. Thank you.