



Minor Child/Children Photo Release Form

Photo and Video Release Form

I, the undersigned, am the parent or legal guardian of:

Child's Name: _____

I hereby give permission to Quail Valley Child Care Center to take photographs and/or video recordings of my child during child care activities, events, and daily routines. I understand these images may be used in:

- Classroom materials and displays
- The center's website and social media pages
- Newsletters and other promotional materials

I understand that my child's name **will not** be shared alongside any images unless I give additional written permission.

☐ I **DO** give permission for my child's photo/video to be used as described above.

☐ I **DO NOT** give permission for my child's photo/video to be used.

This consent may be revoked at any time by providing written notice to Quail Valley Child Care Center. I understand that revocation will not apply to images or recordings that have already been published or used prior to receipt of the written notice.

Parent/Guardian Name (Printed):

Signature: _____

Date: _____