

PHOTO RELEASE CONSENT FORM

I, See	edlings of Beverly Hills/Birmingham/Bloomfield/Livonia, agree t		the parent of a child/children at Little ring:
I understand that my child(ren) whose name(s) are listed below may be photographed at Little Seedlings during normal daycare hours. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.			
The	child(ren) are known as:		
With my signature below, I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Little Seedlings' services. 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 in this release.			
Ack	nowledgement		
Sigr	nature of parent/guardian		Date