

Photo & Video Release Form

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

I hereby grant permission to My Piccolo Mondo Daycare to take photographs and/or videos of my child for use in the following ways:

- Internal documentation and classroom activities
- Displays within the daycare setting
- Private daycare communication to families (email/newsletters)
- Publicity materials including website, flyers, or social media (with names omitted unless permission granted)

I understand that my child's identity will be protected, and their full name will not be used in any public format unless I give additional written consent.

☐ I 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 in any format.

Parent/Guardian Signature: _____

Date: _____