



Permission to Photograph

I, _____, give permission for SUMCC to
(Parent or Guardian name) (Child Care Provider)

Photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on church website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other: Church newsletter	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
N/A	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
ECE Internship from SHS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility/church website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

I GIVE PERMISSION FOR MY CHILD TO BE ON THE CHURCH GROUNDS OUTSIDE THE FENCE AREA WITH THE STAFF OF SWANSBORO UNITED METHODIST CHILD CARE CENTER.

FROM THIS DATE _____ UNTIL FURTHER NOTICE

Parents Signature _____

I have received a copy of the Swansboro United Methodist Child Care Handbook, which includes a copy of the center's discipline policy and if age appropriate includes the center's IT-SIDS policy. I have also received a copy of the Summary of North Carolina Childcare Laws and Rules.

Child's Name _____ Parents Signature _____ Date _____

Child's Full Name _____ Child's Birth Date _____

Child's Physical Address _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Mother's Work Place _____ Work Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Father's Work Place _____ Work Phone _____

Other Person To Contact _____ Phone _____

Hospital Preferred _____ Phone _____

Child's Doctor _____ Phone _____

Any Allergies or Chronic Illness _____

I give the staff of Swansboro United Methodist Child Care Center permission to obtain medical attention for my child in case of an emergency. I understand that every effort will be made to reach the parents first, then the contact person.

Parent's Signature _____ Date _____