Little Ducklings
CHILD CARE ACADEMY

Name/Photo Release Form Please check only one of the following:

_____ I give my permission for my child's name and/or photo to appear in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

_____ I do not give permission for my child's name and/or photo to be used in the above-mentioned publications.

Child's Name _____

Parent / Guardian Name
_____

Signature _____ Date
_____