

Early Learning Coalition of Florida's Heartland, Inc.

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www.elcfh.org

PHOTOGRAPH CONSENT FORM

I give my consent for the ELCFH to photograph my child/children and to use the resulting photographs in publications, promotional videos, press releases, news stories, and other ELCFH sponsored events for an indefinite period of time. I understand that photographs might be shared with other groups to promote quality child care and early education. I consent that such information (photographs, videos and recordings, or tapes) from which they are made shall be property of ELCFH. The ELCFH has the right to duplicate, reproduce and make other use of such information as desired.

I understand that I will receive no financial reimbursement, payment, or compensation of any type from the ELCFH for the use of my child's/children's photograph(s), videos, and recordings, or tapes, for these purposes.

I am of legal age and freely sign this release, which I have read and understand.

Name(s) of Child(ren):

Date of Birth: _____
Date of Birth: _____
Date of Birth: _____
Date of Birth: _____

Name: _____

Address: _____

Phone: () _____

Signature _____ Date _____



Charlotte Office
3028 Caring Way, Suite 4
Port Charlotte, FL 33952
Phone: (941) 255-1650
Fax: (941) 255-5856

DeSoto Office
4 West Oak Street, Suite H
Arcadia, FL 34266
Phone: (863) 494-5233
Fax: (863) 494-5291

Hardee Office
324 N. 6th Avenue
Wauchula, FL 33873
Phone: (863) 767-1002
Fax: (863) 767-1007

Highlands Office
6432 U.S. HWY 27 South
Sebring, FL 33876
Phone: (863) 314-9213
Fax: (863) 314-4480



"INVESTING IN CHILDREN - INVESTING IN OUR FUTURE"



Photo Release Form & Email Consent

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___ I authorize my child's photos to be used on in-house displays, bulletin boards and periodic updates to Lutheran Church of the Cross regarding Lutheran Child Development Center.

___ I hereby authorize **Lutheran Child Development Center** to include my child's photo in promotional displays, printed promotional materials and brochures for this program, and the Lutheran Child Development Website. I understand that my photographs of my child may be used to accompany written training materials or promotion of the program.

___ I understand that my child's name will NOT be included in any printed materials. However for displays/bulletin boards, my child's first name may be included.

___ I agree that I am to receive no compensation for my child's appearance or participation in any of the above listed materials. Also the appearance of their photograph does not confer on me any ownership rights to the materials whatsoever.

___ I give permission for my child's photos to be placed on the Lutheran Child Development page on Facebook.

___ I also give permission for the monthly LCDC newsletter and occasional announcements to be sent to my email address(es) as follows:

_____ @ _____

_____ @ _____

Child's Name _____

Parent or Guardian _____

Street Address _____

City _____ State _____ Zip _____

Date _____