**Little Angels Early Learning Center**

**Permission to Photograph/Video Child**

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed and/or videotaped by teachers and staff of Little Angels Early Learning Center.

YES or NO I give permission for photos or videos to may be used/posted in my child’s

classroom, within our center, and used for their memory book.

YES or NO I give permission for photos and/or videos to be posted on the Little Angels Early

Learning Center’s & Peoples United Methodist Church’s Facebook pages and/or website as a way to share center happenings with parents and to promote our programs within the church that sponsors us.

YES or NO I give permission for photos or videos to be used by local news organizations

approved by and accompanied by the Director of Little Angels Early Learning Center may be used for purposes of advertising, public relations, and family enrichment.

YES or NO My child is in the 4K program (part of the Oregon School District, my child’s photo

and/or videos can be posted on the school district’s blog, website, and/or Facebook page.

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(Parent or Guardian Signature) (Date)

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(Parent or Guardian Signature) (Date)

**Field Trip Authorization**

My Child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to go on walking fieldtrips scheduled by Little Angels Early Learning Center. I understand that I will be notified of any field trips occurring beyond 1 city block of the property owned by People’s United Methodist Church. This authorization is valid for the entire school year.

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(Parent or Guardian Signature) (Date)

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(Parent or Guardian Signature) (Date)