

**Bullfrogs & Butterflies Child Care Center
Permission Form**

Child's Name Date
Last, First, M.I.

**Permission to Make and Use Photographs/Motion Pictures
and Other Audiovisuals and Sound Recordings**

We (I) grant to Bullfrogs & Butterflies Child Care Center permission to make photographs, motion pictures, television tapes and other audio visual works, and sound recordings of the above named child, alone or in a group at work or at play. We (I) also grant the Bullfrogs & Butterflies Child Care Center, on behalf of the above named child, permission, unlimited on time, to use any medium of communication, such as photographs, motion pictures, television tapes, audiovisual works and sound recordings to publicise the program of the Bullfrogs & Butterflies Child Care Center for any educational, instructional or scholarly purposes.

Signature of Parent (s) or Guardians

Special Needs or Problems

If my child has any special problems or needs, including allergies or sunburn sensitivity, I will share this with the center staff during informal visions, telephone calls or during parent conferences. I also expect the staff will share with me information concerning any special problems or occurrences at the Center that might affect my child. This includes information such as special activities, research to be conducted in the center or notification of serious communicable diseases occurring in the program.

Signature of Parent (s) or Guardians