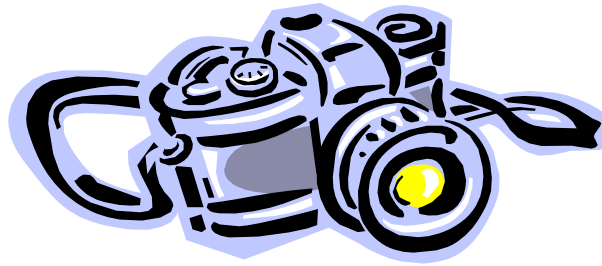


Photo Permission Form



Child's Name: _____

Please check the option that applies.

_____ I give the Caring Center/Verona Montessori House my permission as parent or legal guardian of to use my child's picture/pictures in any of the following ways – the center's website, the center's Facebook page, and/or occasional print or other media advertising. I understand that my child will never be identified by name, but that images of my child engaged in activities either at the center or while away on center sponsored events may be used.

I also understand that I may revoke this permission at any time by notifying The Caring Center/Verona Montessori House office in writing of my desire to do so.

_____ I prefer to decline at this time

Signature of parent/guardian _____

Date signed _____