



## PHOTO RELEASE FORM

I hereby do/do not grant permission to *Candyland Child Development Center* to use photographs and/or videos of your child \_\_\_\_\_ taken by CCDC cameras or team member to use on their Facebook page, website, or other social media platforms. No information beyond my child's first name and classroom will be used.

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(Signature of Adult, or Guardian of Children under age 18)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**Thank you!**