



## PICTURE PERMISSION FORM

I, \_\_\_\_\_ give permission for Extra Steps Learning Centres staff to photograph  
\_\_\_\_\_ for the following purposes:

Circle below all that apply:

YES NO Display still photos in our classroom, albums, bulletin boards and memory keep sakes.

YES NO Display still photos or video clips on our social media sites example Facebook & Instagram.

Note: No names will appear with the photos. If you answer no we may still use a photo without your child's face showing unless you stat otherwise. \_\_\_\_\_

YES NO Practicum Students to take and use photos only for the purpose of school projects.

(Photos will only be used in written assignments, not used online)

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses.

\_\_\_\_\_  
Parent Name:

\_\_\_\_\_  
Parent Signature:

\_\_\_\_\_  
Date:

**SUBMIT by EMAIL**