

I hereby give Seeds of Knowledge permission to take pictures and videos of my child(ren), for the purpose of posting on all Seeds of Knowledge social media sites and/or publications and materials.

I agree that my child(ren)’s identity (please initial one):

\_\_\_\_\_\_ May be revealed

\_\_\_\_\_\_ May not be revealed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian PLEASE PRINT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature or parent/legal guardian

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