

PICTURE/RECORDING PERMISSION

Name of Centre: FCCC - _____

FCCC requests your permission to use electronic devices for recording and/or for taking pictures of your children. The purpose of this request is to allow the use of pictures and electronic recordings for documentation purposes. These will be used as a means of sharing your children's learning with you, as well as assisting the educators in planning learning experiences based on your children's interests.

All electronic recordings and/or photos will be deleted as soon as they serve their purpose. All photographs and/or recordings will only be used at the FCCC site in which they were taken. Any time that we wish to use a photograph or recording of your child outside of the center, we will request specific permission from you for that occasion. **No pictures or recordings will be posted on-line without your specific permission.**

I hereby give permission to have my child/children photographed/recorded.

I DO NOT give permission for my child/children to be photographed/recorded.

Child/Children's Names: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____