



4759 15th Ave NE, Seattle, WA 98105

Phone 206.522.5388/ Fax 206.527.8399/Email program_supervisor@coopchild.org

Photograph Release/Consent form

The Cooperative Children's Center has my permission to photograph my child/children. All photographs would keep the identity of your child/children private (i.e. not specifying the as to name or age of a child) unless specifically requested for ion a case by case basis. The use of these photographs will be form but not limited to, advertising, web site, classroom group list emails, Friday flyers, and classroom décor.

- Yes, you may use pictures of my child/children
- No, you may not use pictures of my child/children

Child/ Children's name: _____

Parent's/ Guardian's name: _____

Parent's/ Guardian's Signature: _____

Today's Date: _____