

# Authorization to Photograph



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*Please complete, sign and date this form and mail it to your center director:*

Date \_\_\_\_\_

I hereby authorize TodayCare, LLC, and any other persons or entities as TodayCare may direct to photograph my child for the purpose of displaying his/her picture in the center.

Child's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

Parent's name (please print) \_\_\_\_\_

Witness to above signature \_\_\_\_\_