



SUNBEAM CHILDREN'S CENTER
Of
St. Thomas United Methodist Church
PHOTO RELEASE FORM

I, _____, the parent of _____, who attends Sunbeam Children's Center, agree to the following:

I understand that my child (ren) may be photographed at Sunbeam Children's Center of St. Thomas United Methodist Church during normal operating hours, field trips, summer camps or other activities. I understand that these photographs may be used in promoting childcare services, either in print or on the Sunbeam Children's Center website.

With my signature below, I grant permission for my child (ren) to be photographed, or their images recorded for print or electronic use in promoting Sunbeam's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I understand that there will be no payment for me or my child's participation in this release.

(Parent/Guardian Signature)

(Date)

Relationship to Child (ren)