



The Center for the Development of Children

4 Springdale Ave.
Dover, MA 02030

Diana E. Workman, Director

(508)785-1835

PHOTO RELEASE FORM

I authorize to have my child, _____'s

(Child's name)

(Please check off all that apply)

_____ First name

_____ Last Name

_____ Picture

May be published in **local papers.**

_____ First name

_____ Last Name

_____ Picture

May appear in **Center or Classroom newsletters,**
which are **POSTED on the CDC WEBSITE.**

_____ First name

_____ Last Name

_____ Picture

May appear in a **video yearbook.**

YOUR PERMISSION IS ONLY GIVEN TO THOSE AREAS THAT ARE CHECKED OFF FROM ABOVE.

Parent /Guardian Signature

(Date)