

**AMAZING TOTS DAY CARE**

**PHOTO RELEASE FORM - MINOR**

I grant permission to AMAZING TOTS to use photographs and/or videos of my minor child in printed or online materials designed for website use for advertisement purposes.

**CHILD'S NAME** \_\_\_\_\_

**Print parent or guardian name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_