



# The Center for the Development of Children

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## PHOTO RELEASE FORM

I authorize to have my child, \_\_\_\_\_'s

(Child's name)

(Please check off all that apply)

- \_\_\_\_\_ Picture      be published in **local papers.**
- \_\_\_\_\_ Picture      to appear on **CDC's PUBLIC Facebook page.**
- \_\_\_\_\_ Picture      to appear on **CDC's CLOSED Facebook Groups**
- \_\_\_\_\_ Picture      to appear on **CDC's Instagram Account**
- \_\_\_\_\_ Picture      to appear in **Marketing Materials.**

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

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
(Date)