

Little Magic Moments

ACADEMY

215.842.1100

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Philadelphia, PA 19119

LittleMagicMoments@yahoo.com

ACKNOWLEDGMENT OF VIDEO RECORDING

I, _____, the parent of the following child:

_____ at Little Magic Moments Academy
(Hereinafter known as the "Daycare), agree to the following:

I understand that upon enrollment of my child, he/she will be video taped on a daily basis. I understand that these videos will not be used in promoting child care services, either in print or on the Internet. The videos will be used for security purposes only.

I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Address _____

Phone _____

Date _____