



4710 Timber Trail Drive  
Middletown, Ohio 45044  
513-423-9496  
513-423-1717 Fax  
[www.abilitiesfirst.org](http://www.abilitiesfirst.org)

I \_\_\_\_\_ give consent for my child \_\_\_\_\_ to be

(Parent/Responsible Party)

(Child's Name)

photographed and/or videotaped for center use and Abilities First public relations including Abilities First Social Media. I understand that this agreement will remain in effect unless revoked by me at any time, in writing, to the Director of Abilities First Early Childhood Learning Center.

Exceptions (Please list)

---

---

---

---

---

\_\_\_\_\_  
(Parent/Responsible Party Signature)

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