

NOCAC HEAD START/PRESCHOOL ENROLLMENT CONSENT

CHILD'S NAME _____ COUNTY _____

- 1. I agree to have a physical exam completed on my child within 30 days of enrollment and I understand that he/she may not be in the classroom unless this is done. Yes _____
- 2. I agree to have a dental exam completed on my child within 90 days of enrollment. Yes _____
- 3. I give my consent to have my picture, my child's or my family's picture used for publication, website, or facebook, etc. Yes _____ No _____
- 4. I give my consent to video tape my child for purposes of staff training and evaluation. Yes _____ No _____
- 5. I authorize contracted professionals to make observations and to share necessary information to and from Head Start/Preschool when needed during the school year. Yes _____ No _____
- 6. I give permission for NOCAC to transport my child to class and/or for services. Yes _____ No _____
- 7. I agree to participate with home visits conducted by NOCAC staff. Yes _____ No _____
- 8. I agree that necessary enrollment/health/dental/developmental information concerning my child may be released to/from the following:

Health Department: Yes _____ No _____ Medical Facilities: Yes _____ No _____
 Dental Facilities: Yes _____ No _____ Department of Human Services: Yes _____ No _____
 Schools: Yes _____ No _____ WIC: Yes _____ No _____

- 9. I give permission for NOCAC to screen my child in the following areas:

Developmental Screenings: Yes _____ No _____	Vision Screenings: Yes _____ No _____
Emotional/Behavioral Screenings: Yes _____ No _____	Hearing Screenings: Yes _____ No _____
Speech & Language Screenings: Yes _____ No _____	Lead or H/H Screenings: Yes _____ No _____ (Finger Poke)
- 10. I can volunteer on the following days: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- 11. I give my consent for my child to take part in day-to-day walks outside with his/her class. Yes _____ No _____

By signing this form, I certify that the information is true and correct to the best of my knowledge. This consent form is valid for as long as your child is enrolled in the NOCAC Child Development program, or until you revoke it in writing.

Parent/Guardian Signature: _____ Date _____

Verifying Staff Signature: _____ Date _____