

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 \_\_\_\_\_