



# Enrollment Consent/Release Form

1933 E Second Street  
Defiance, OH 43512  
PH: 419-784-2150  
Fax: 419-784-5048

Participant's Name \_\_\_\_\_

Center \_\_\_\_\_

School Year \_\_\_\_\_

## HEALTHCARE

Yes  No 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 able to attend school after the 30<sup>th</sup> day.

Yes  No I agree to have a dental exam completed on my child within 90 days of enrollment as appropriate for age.

## CLASSROOM

Yes  No I give my consent to have a photo or video used on selected social media platforms to include myself, my child, or my family.

Yes  No I give my consent to digitally record my child for purposes of staff training and evaluation.

Yes  No 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 I give permission for NOCAC to transport my child to/from class and/or for other required services.

Yes  No I agree to participate with home visits conducted by NOCAC staff.

I can volunteer on the following days:  Monday  Tuesday  Wednesday  Thursday  Friday

## RECIPRICOL RELEASE

I agree that necessary enrollment/health/dental/developmental information concerning my child may be released to/from the following:

Yes  No Health & WIC Department  Yes  No Ohio Department of Job & Family Services

Yes  No Medical Providers  Yes  No Local School Districts, KRA Scores

Yes  No Dental Providers  Yes  No Northwest Ohio Educational Service Center (NWOESC)

## SCREENINGS

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

Yes  No Hearing Screenings

Yes  No Vision Screenings

Yes  No Developmental Screenings

Yes  No Emotional/Behavioral Screenings

Yes  No Speech & Language Screenings

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verifying Staff Signature

\_\_\_\_\_  
Date