



Consent for Screening Services

The Early Learning Coalition of Manatee County provides screenings to the community which are funded by county, state, and federal governments. In order to conduct a screening on a child, the Early Learning Coalition must collect a minimum of information and receive authorization from a parent or guardian. Records may be shared with funding sources for the purposes of evaluation and monitoring.

PARENT/GUARDIAN INFORMATION

Last Name		First Name		MI	
Street Address			City	State	Zip
Date of Birth (optional)	Social Security # (optional)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Home Phone #	Work Phone #	Family Size		Primary Language Spoken in Home	
Children Presently Enrolled At Which Child Care Provider:					

Collection of the Parent's Date of Birth and Social Security number is for verification purposes only. If someone requests information on your child, we validate the person requesting the information.

CHILD INFORMATION

Name of Child	Relationship to Applicant	Date of Birth	Social Security #	Gender	Race	If child born early, indicate how early
1.				<input type="checkbox"/> M <input type="checkbox"/> F		
2.				<input type="checkbox"/> M <input type="checkbox"/> F		
3.				<input type="checkbox"/> M <input type="checkbox"/> F		
4.				<input type="checkbox"/> M <input type="checkbox"/> F		
If you have speech or developmental concerns about any of the children, please explain:						

I understand my signature below **gives consent for screening services** and authorizes funding sources to review my child's screening information.

I also acknowledge that a copy of the screening results will be given to **both** the child's parent/guardian and the child's current child care provider.

_____ Parent/Guardian Signature	_____ Date
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