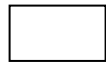


# The Consultation Project

Telephone: 591-0170 Fax: 591-0171

# Family Release



I give permission to the professionals from The Consultation Project\* to observe and assess my child and exchange information with the child care teacher/provider for the purpose of improving my child's experience in this program. These evaluation services may include a screening tool. The observation of my child may be done using video taken by the school and shared with the consultant. The permission granted for videos/photos is predicated on limited use; that is, to be shared solely between the teacher, supervisor, and consultant. The use of such recordings is strictly limited to the context of the consultation process. At no time will any of these video recordings be posted on public media, social media, social networking, or any publically accessible Internet sites. I understand that my consent is voluntary and that I may refuse evaluation services at any time. The information will be used to program plan and make referrals (with my permission), if necessary.

Name of Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Female  Male

Child's Schedule: **M T W Th F**  
Hours: \_\_\_\_\_

**Child's Primary Language**

- English
- Spanish
- Cantonese
- Mandarin
- Vietnamese
- Korean
- Other

**Race/Ethnicity**

- Alaskan Native/American Indian
- Asian
- Black/African American
- Hispanic/Latino
- Pacific Islander
- White
- Multiracial
- Other (Specify)
- Unknown

**Mailing Address and Contact Info:** *(Please print clearly.)*

**PARENT or Guardian #1**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Best day/time to call? \_\_\_\_\_

E-mail: \_\_\_\_\_

**PARENT or Guardian #2**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Best day/time to call? \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signature /Date**

**Signature/Date**

**Primary Language**

**Ethnicity**

<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other	<input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown
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**Primary Language**

**Ethnicity**

<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other	<input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown
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**Early Learning Institute 311 Professional Center Drive, Suite 100, Rohnert Park, CA 94928**

The Consultation Project is a program of Early Learning Institute (ELI) If you have any questions about the project please call the lead agency, Early Learning Institute at 591-0170. Funded by First 5 Sonoma County