

The Consultation Project

Telephone: 591-0170 Fax: 591-0171

Parent 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. 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 Program: _____

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

PARENT or Guardian #2

Name _____

Relationship _____

Birth Date _____

Address _____

City _____ ZIP Code: _____

Phone Number(s) _____

Best day/time to call? _____

E-mail: _____

Name _____

Relationship _____

Birth Date _____

Street Address _____

City _____ ZIP Code: _____

Phone Number(s) _____

Best day/time to call? _____

E-mail: _____

Signature /Date

Signature/Date

Parent/ Guardian #1

Parent/ Gurdian #2

Primary Language Ethnicity

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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<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 partnership of Early Learning Institute (ELI) and Jewish Family and Children's Services (JFCS). If you have any questions about the project please call the lead agency, Early Learning Institute at 591-0170.