

City of Seattle Early Childhood Education and Assistance Program (ECEAP) PARENT/GUARDIAN CONSENT FORM

Each service/activity is designed to enhance your child's participation in the program.

I give permission for _____ to participate in the following services/activities while he/she is enrolled in ECEAP.

Parent/Guardian Initials	Item
	To be transported on program field trips about which I have been notified.
	To be photographed or video-taped for educational purposes and advertising ECEAP through various mediums e.g. internet, flyers, brochures.
	To transport my child to and from the program (<i>if such services are available</i>).
	To receive a developmental screening
	To receive dental screenings (<i>if such services are available</i>).
	To receive weight and height screenings.
	To receive hearing screenings.
	To receive vision screenings.
	To receive the Teaching Strategies Gold child assessment portfolio.

The ECEAP program is funded by the Department of Early Learning and City of Seattle. I understand that some or all of the information must be reported to the funding agencies and to other City departments and state agencies.

I have read or have had this consent form explained/translated for me and understand it, and consent to my child participating/receiving those activities/services which are initialed above. I understand that I have rights of access to all of the above records.

Child's Name	Date	
Print Name of Parent or Guardian	Signature of Parent or Guardian	Relationship to Child
Print Name of Parent or Guardian	Signature of Parent or Guardian	Relationship to Child