

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

Child's Date of Birth: \_\_\_\_\_

**General Parent/Guardian Consent:**

- I permit my child to engage in any and all activities as part of the Head Start Program sponsored by the Y.M. & Y.W.H.A. of Williamsburg, Inc. during the operational hours of 8:00 AM and 3:00 PM from Monday to Friday.
- I give permission for my child to receive breakfast, lunch and snack.
- I will inform the agency of any nutritional restitution/allergies.

**Consent for Release of Information and/or Photographs for Publication in Print and/or Film:**

- I give permission for my child to be photographed by the Head Start Center for use in center print, film and school Social Media (Facebook/Instagram/Website/Class Dojo)
- I do NOT give permission for my child to be photographed by the Head Start Center for use in center print, film and school Social Media (Facebook/Instagram/Website/Class Dojo)
- I understand that such publications may be public and circulated outside of the Head Start center. I understand that, except as legally required, no information about my child can be disclosed without my specific written consent, and I may revoke this consent at any time.

**Home Visits:**

At the Y.M. & Y.W.H.A. of Williamsburg, your child's education is our number one priority. It is important for you to meet the staff members who will be servicing your child. Annually, the teachers are required to conduct home visits or center home visits. This year we will be conducting these visits virtually. These visits are scheduled for parents to address their concerns, needs and goals regarding their child's education achievement.

- I will attend a center home visit.
- I do not wish to participate in a center home visit.

**Screening and Assessment of Children:**

I grant permission for the screening and assessment of my child for the purpose of better understanding his/her growth and development. The education staff will be available to personally review the screening and assessment with me immediately afterwards. I have been advised that this information will be regarded as confidential and will not be released to any other agency unless I give my authorization.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)