

Choices for Children



Child Development Incorporated

Parent Consent Form

Permission to release to Choices for Children any information regarding employment, educational /training status, incapacity status, seeking employment and/or seeking permanent housing.

By signing this consent, I, _____, authorize Choices for Children to:

- Contact my employer by telephone, face to face meeting, mail, fax or electronic data exchange to verify my employment status (such as salary and hours of work)
- Contact my training institution by telephone, face to face meeting, mail, fax or electronic data exchange to verify my school schedule and/or my academic standing.
- Contact my doctor and/or legally qualified health professional by telephone, face to face meeting, mail, fax or electronic data exchange to verify my status.
- Contact the emergency shelter or other legal, medical or social service agency by telephone, face to face meeting, mail, fax or electronic data exchange to verify my current living situation.
- Contact any agency, office, group, organization, or business firm to verify any status as needed.

I understand this information is needed in order to determine or verify eligibility for the Choices For Children's subsidized childcare programs.

Parent/Guardian's Name (please print)

Parent/Guardian's Signature

Date