

CONSENT FORM FOR MY CHILD TO RECEIVE SERVICE

Services are to begin on _____. _____ has been selected to receive supportive services from the staff of *Arundel Child Care Connections*. A program interventionist has been assigned to work with the child care program/school/ family child care/home on a regular basis.

Our staff will assist the child care program/school/family child care staff in their efforts to support your child's healthy social and emotional development to create and maintain a successful social and academic future.

In signing this Consent Form, I, as the parent/guardian, understand that:

- I consent to have my child observed and screened to have services rendered as needed.
- I will participate in the Individual Action Plan Agreement process to ensure the appropriate services are implemented for my child through the child care program, including meet with project staff to complete necessary paperwork in the beginning and when the case is being closed.
- I may revoke my consent at any time.
- I have received a copy of the project brochure from the child care provider.

***Please let us know about any special accommodations before coming into your home or center (pets, allergies,cultural/religious customs, ect.)**

Please complete the lower half of this form. If you have any questions or want some help, feel free to contact Kellie Brooks, Early Childhood Mental Health Advocate at 410.222.1715 or kellie@arundelccc.org.

I consent to have my child, _____, participate in the supportive services offered by *Arundel Child Care Connections* through the *Children Arriving Mentally Prepared for School (CHAMPS)* program.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date of Signatures