

## Publically Funded Early Childhood Programs

### CONSENT FOR PRE-KINDERGARTEN SCREENING

Name of child \_\_\_\_\_ Male Female

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

I hereby give consent for my child to participate in the screening process for possible enrollment in the State of Illinois' Early Childhood Publically Funded Program.

\_\_\_\_\_  
(Legal guardian signature) (Date)

\_\_\_\_\_  
(Legal guardian ...please print)

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## IN THE CASE OF ENROLLMENT....

I understand that, at any given time, my child can only be enrolled in one publically funded early childhood program (Early Childhood Special Ed, Head Start and Preschool for All)

\_\_\_\_\_  
(Legal guardian signature) (Date)

\_\_\_\_\_  
(Legal guardian ...please print)

Relationship to child \_\_\_\_\_

|  | Date verified | By whom |
|--|---------------|---------|
| <input type="radio"/> Birth certificate  | _____         | _____   |
| <input type="radio"/> Proof of residency | _____         | _____   |
| <input type="radio"/> Permission form    | _____         | _____   |