

Prenatal Mother's Name: _____ **Prenatal Mother's Date of Birth:** _____

Please read each box, initial and check Agree or Disagree

	Prenatal Permission Contract	Check
Release of Information	I authorize the Poudre School District Early Childhood Education Program to release information to Partnering Community agencies/providers and also to providers identified by myself.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Data Collection	I understand that the Poudre School District Early Childhood Education Program collects non-identifiable statistical information to be used for documentation, Program Information Report, and funding purposes.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Media	I give permission to Poudre School District Early Childhood Education Program to include myself in a school district video, article, or news release. These may be used for training purposes for teachers and/or promotional purposes for the Poudre School District Early Childhood Education Program.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Home Visits	I understand that there will be home visits during the school year provided by the Education, Health and Family Specialist staff.	Initial _____
Quality Assurance	I understand that there may be a supervisor who comes into my home during a scheduled home visit with one of the staff members mentioned above for the purpose of quality assurance.	Initial _____
Parent Involvement	I understand that the Early Childhood Education Program highly encourages Parent Involvement and I am expected to participate in the program.	Initial _____
Mental Health	I understand that mental health support and/or consultation can be provided.	Initial _____

Prenatal Mother's Signature

Today's Date