



Warm-Line Services Permission Form

Dear Parents/Guardians:

We invite you and your child to take part in an optional developmental, health and behavioral screening and support system offered through the Early Learning Coalition. The Warm-Line is a service available to you and your child free of charge that can provide:

1. Developmental screenings and support;
2. Hearing, vision and dental screenings and support;
3. Social-Emotional screening and support;
4. Individualized Health Plans to assist your child's care provider with procedures relating to your child's health condition(s);
5. Referral for support services by other agencies.

Participation in this service is voluntary and you have the right to choose not to participate without affecting your child care services. We encourage you to participate in these services because early detection of developmental, health and/or social-emotional delays is critical to ensuring your child will be ready for school.

Should our services detect any concerns or delays, we will consult with you immediately to discuss any further assessment or referrals for additional services. A separate permission form is required for each child in the family. Each permission form is valid for one year from the signature date.

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- I do give** my permission for my child to take part in Warm-Line services.
- I do not give** my permission for my child to take part in Warm-Line services.

Parent Signature: _____ Date: _____

Area(s) of concern: _____

CHILD CARE PROVIDER: _____

TEACHER/ROOM NAME: _____

CHILD'S NAME: _____ MALE / FEMALE

CHILD'S DATE OF BIRTH: _____ WEEKS PREMATURE: _____

IS YOUR CHILD RECEIVING SCHOOL READINESS: YES / NO RELATION TO CHILD: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME: _____ WORK: _____ CELL: _____

Please provide at least 1 telephone number where you can be reached daily