

**HORIZON DAYCARE**  
**Ionia, Michigan**

**Authorization to Release Information**

I understand that Horizon DayCare has a collaborative relationship with the Ionia County Intermediate School District Early On Program. As part of this relationship, staff from the Early On program **may observe, provide strategies, and assist Horizon DayCare staff with completing a developmental screening** to ensure that your child's development is on track and that he/she is fully able to participate in the activities at the center. Based on the screening, if it is determined that your child may be eligible for Early On services, you will be contacted directly to seek permission to conduct an evaluation to determine eligibility. We have had other children in our care who receive their Early On services at the center.

I hereby authorize Horizon DayCare Center to share information about my child, including name and birthdate, with the Early On program from the Ionia Intermediate School District, and for Early On staff to observe, share strategies, and complete developmental screenings with Horizon DayCare Center staff. I understand that this information will be handled confidentially and in compliance with all appropriate federal laws. This release will remain in effect until my child turns 3 years of age.

**I have read this statement and understand the nature of this release.**

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

