

HORIZON DAYCARE CENTER

Ionia, MI

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 assure 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 do an evaluation to see if your child is eligible. We have had other children in our care that receive their Early On services at the center.

I hereby authorize Horizon DayCare Center to share information about _____ (name of child), _____ (birthdate) with the Early On program from Ionia Intermediate School District and for the staff from the Early On program to observe, share strategies and complete developmental screenings with staff from Horizon DayCare Center. I understand that information will be handled confidentially and in compliance with all appropriate federal laws. This release will be 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