|  |  |
| --- | --- |
|  |  **Parent Consent to Transfer ELMS** **Records between ECEAP Contractors** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child Name: |  |  | Childs Birthdate:  |       |

|  |  |  |
| --- | --- | --- |
| I, |  | , consent to allow the Department of Children, |

Youth, and Families to release the Early Childhood Education and Assistance Program (ECEAP)

|  |  |
| --- | --- |
| records for the child named above to |  |

*(Name of new ECEAP Contractor).*

I understand that these records are stored on the secure, online Early Learning Management System (ELMS) and include, but are not limited to, the information I provided at the time of my child’s initial application to ECEAP; information about my child’s medical and dental status; vision, hearing and development screening results; and dates and topics of parent-teacher conferences and family support meetings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |       |
| *Signature* |  | *Relationship to Child* |  | *Date* |