## PARENTAL CONSENT TO RELEASE INFORMATION

PLEASE PRINT					
Name of Child	Midd		Last	Date of Birth	(month/day/year)
Child's Social Security Number			Last		(month/day/year)
Name of Parent/Guardian	First	Middle	Last	Date of Birth	(month/day/year)
Last Four (4) Digits of Parent	s Social Security	y Number_	-	(optiona	1)
Address	City	State	Zip Code Te	lephone ()	() Work
Your child is being asked to been selected to participate b	participate in a secause you and	study about C or your child hild with bette	Out-of-School Tines  2's Out-of-School Script School  2's Script School	me (OST) services in I Time provider will se read this form and	Cuyahoga County. They have receive assistance from a local ask any questions that you may
Care and Early Education are of-School Time services in Co- improve effective parenting, h in Cuyahoga County. Startin	collaborating wayahoga County ealthy youth, an or learn about the	ith Family and Cuyahoga (d quality Outganization that effectiveness	d Children First (County Out-of-School Time at coordinates the of the training at	Council (FCFC) to conchool System is a coll services in order to as e Out-of-School Time and technical assistance.	m and Starting Point for Child nduct an evaluation of the Out- aborative effort to promote and sure the well being of all youth strategy in Cuyahoga County, e provided to Cuyahoga County youth and families.
personal assessment and profit (written above) and informati Starting Point will continue to provides assistance to you and	le. If you agree on related to the release this inf /or your Out-of-	to allow your e assistance properties for some tion for some time.	child to participy rovided by the a six months after provider (which	pate in this research progency will be released the initiation of service ever is longer). You may	ild may be asked to complete a roject, their contact information Il from Starting Point to FCFC. less or for as long as the agency hay also choose to participate in and opinions related to Out-of-
	rticipation may				udy and although there are no milies and Out-of-School Time
identify an individual particip their refusal to participate wi	ant in any report	rt that might l services you	oe published. Y, your child, or	our child's participation our Out-of-School T	vate. It will not be possible to on is completely voluntary and ime provider receives from an ion Form from the agency that
<b>Contacts:</b> If you have any question 575-0061.	uestions about th	his study, you	can contact Star	rting Point's Out-of-So	chool Time Department at 216-
Please Circle YES or NO and	l <i>Initial</i> :				
YESNO				the assistance my cha, released to FCFC by	ild receives from the agency/ Starting Point.
YES NO	I agree to be	e contacted to	participate in a r	elated study (e.g. surv	ey, focus groups, etc.)
Library permission to use	your child's imaising, promotion	age, name, pl and publicati	notograph, video on purposes in a	, likeness, voice and	CFC and the Cleveland Public statements in connection with uding, without limitation, print,
Signature of Parent/Guardian_					Date
Community Agency Staff: I	have reviewed t	he contents of	this form with th	ne person signing abov	re.
Signature of Agency Staff/Rep	oresentative			1	Date
Agency Name			consent is as valid a	as the original)	

Original – Starting Point Yellow Copy – Agency Pink Copy – Parent/Guardian



216 575 0061 FAX: 216 575 0102

**REVISED 7/2014** 



1 800 880 0971 TTY: 1 800 750 0750