



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. 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