Release of Information

for Colonial Early Education Program (CEEP)

I, _____ give permission for information to be shared about my child between the child care and Birth to Three or School District.

Child Information	
Name:	DOB:
☐ I give permission for the child care noted below to communicate with the individuals and agencies below.	

Child Care Information	
Name: **Colonial Early Education Program**	Contact Person: **Dawn Alexander and Kim Tomlinson**
Phone Number: **302-429-4085**	Email: **dawn.alexander@colonial.k12.de.us**

Please Check Child's Age Group:

☐ Birth to Three Program (Children under 34 months of age)

☐   (Children above 34 months of age insert district)

Information to be shared:

☐ Discuss follow up to ASQ screening

☐ Developmental Testing

☐ Individual Family Service Plan (IFSP)

☐ Individual Education Plan (IEP)

I give consent to share the information noted above.	
Parent Signature:	Date:
Printed Name:	