

Early Learning Executive Office: 107 Tupelo Ave. SE Fort Walton Beach, Florida 32548

Office: (850) 833-9330 Fax: (850) 833-9344

| Child's Name | |
|---|--|
| Date of Birth/ | Child's Gender (Circle One): M or F |
| Name of Child Care Program: | |
| Parent/Guar | dian Consent Form |
| | r your child. This time sets the stage for success in school and our child will gain many experiences and learn many skills. It is ent progresses well during this period. |
| The Early Learning Coalition of Okaloosa and Wa assessments: vision, hearing, height, weight, spe | alton Counties, offers a number of FREE screenings and eech, and developmental checks. |
| - | tential health concerns, assure your child is reaching his/her ssible developmental delays which could affect your child's |
| By signing this form you are allowing your child to receive FREE health and/or developmental screenings discussed above and for the results of these screenings to be shared with your child's program director. | |
| Parent/Guardian (printed) Parent, | /Guardian (signature) Date |