

PARENT CONSENT FOR PROGRAM PARTICIPATION
(Please attach a copy of child's Birth Certificate)

Name of Child: _____ Sex: M / F / X

Date of Birth: _____ Age: _____

I give consent for my child to participate in any and all screenings for programs provided by Creative Paths Learning Studio. This includes access to the online documentation and assessment components of HiMama. I give consent for caregivers to take pictures of my child for assessment and documentation purposes.

I hereby give permission for pictures/videos to be taken of my child, unless requested otherwise. These pictures/videos will be incorporated into family events, and may be used for advertising purposes.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Child: _____ Date: _____

Address: _____ Apt #: _____

City: _____, Illinois Zip Code: _____

Home Phone: _____ Cell Phone: _____

Children born in Cook County may order a birth certificate at:

www.cookctyclerk.com/sub/birth_certificates.asp

Children born in Lake County may order a birth certificate at:

<https://www.lakecountyil.gov/379/Birth-Records>

Children born outside Cook/Lake Counties may order a birth certificate at:

www.vitalchek.com