COUNTDOWN TO KINDERGARTEN 2020

Consent and Authorization Form and Privacy Statement

COUNTY:	CHILD'S NAME:	
PERSON GRANTING CON	ISENT (please print):	
RELATIONSHIP TO CHILL	D (please indicate custodial or noncustodial parent, gra	andparent, or other legal guardian):
to assist us in this effort members to First Steps a children in South Carolina program, and for purpose The information may refuse to provide Soo by your child and family; about your family; results information about your chils information, it will be authorized staff and ager any public report. Your in By signing this information described about consent to the release You can revoke this conse	by giving consent for your child's school to release is and the County First Steps Partnership. The information a, to show how First Steps programs work, to identify so of program evaluation in compliance with the Family to be released includes: names; ages; races; genders; cial Security and Medicaid numbers under the Federal I the dates of program participation; reasons for ending from being in the program, to include individual stude hild's academic progress. This information is considered kept in a locked file and password-protected, restripts of First Steps. Furthermore, your child's and family formation will be presented only as part of statistical reform, you give consent for	birthdates; Social Security and Medicaid numbers (you Privacy Act); the types and amounts of services received services; demographic or other descriptive information and the collected by the school and school district; and ed strictly confidential. In order to protect the privacy of cted access data system and will only be available to members' names and/or identities will never appear in eports about groups of people. school and/or school district to release the Steps Partnership for the purposes described. If you do ere: thas been taken.
SIGNAT	URE OF PERSON GRANTING CONSENT	DATE
	SOUTH CAROLINA FIRS	T STEPS
	Media Consent and I 1300 Sumter Street, Suite Columbia, SC 29201 Phone (803) 734-0479, Fax (803	100,
CHILD'S NAME:		PHONE: ()
I hereby give per Steps), and to news medichild's name, picture, port and news programs. Any visual illustration, news real further grant to of other agencies or orgal considers any intended us required to include any credit do hereby releasuccessors and assigns, the future, whether now considers and to hereby releasuccessors and assigns, the future, whether now considers and to hereby releasuccessors and assigns, the future, whether now considers and the future, whether now considers and the future of the future o	a entities covering any First Steps-funded program to parait, likeness, or voice or any or all of them for use by Firait, likeness, or voice or any or all of them for use by Firait, likeness, or voice or any or all of them for use by Firait, story or article may be used without my prior example. First Steps perpetual right in and to any use of such phizations to whom it subsequently grants use. Howeve se to be in good taste and appropriate to the objectives edit identifying any person(s) in the use of the photograpse on behalf of myself/my child(ren), and our heirs, reparate to the control of the photograpse.	he age of 18): less, to include all First Steps county partnerships (First prepare, use, reproduce, publish, or exhibit my or my irst Steps or the news media in their public relations trative graphic material, audio-visual tape or audiomination of the finished product. Inotographs, whether through its own facilities or those r, First Steps will grant permission only where it is of First Steps. I also agree that First Steps shall not be aphs. Deresentatives, agents, and assigns, First Steps, its all claims existing now or that may arise at any time in
SIGNATI	URE OF PERSON GRANTING CONSENT	DATF