



DOCUMENT RECEIPT ACKNOWLEDGEMENT



Child's Name: _____

Date of Birth: _____

Site/Program Option: _____

#	Permissions	Initials
1	I grant permission to Neighborhood House Association to photograph and/or record (audio and video) my child for use in my child's portfolio, classroom, and site.	<input type="checkbox"/> I consent: _____ <input type="checkbox"/> I don't consent: _____
2	<p>I grant permission to Neighborhood House Association to photograph and/or record (audio and visual) me and/or my child. I understand such recordings and images will be used solely by NHA for educational, charitable and promotional activities conducted by NHA without monetary compensation provided to me.</p> <p>** Foster children/dependents of the County of San Diego MUST NOT be photographed or recorded for public/promotional use. Foster parents/kinship caregivers MAY NOT give permission for public/promotional photography or recording. **</p>	<input type="checkbox"/> I consent: _____ <input type="checkbox"/> I don't consent: _____
3	I grant permission to Neighborhood House Association to post photographs or video of myself, my family, or my child on NHA's social media pages (ex. NHA Parent Facebook Group Page).	<input type="checkbox"/> I consent: _____ <input type="checkbox"/> I don't consent: _____

#	Information and/or Resources Provided	Initials
4	Parent Handbook (provide Head Start Resource Card)	
5	NHA School Readiness Calendar	
6	20 Facts About Child Abuse	
7	LIC 995E – Caregiver Background Check (Center-Based only)	<input type="checkbox"/> N/A
8	EHS Transition and Eligibility Letter (EHS only)	<input type="checkbox"/> N/A
9	Over-Income Parent Acknowledgement Letter (if applicable)	<input type="checkbox"/> N/A

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____