



DOCUMENT RECEIPT ACKNOWLEDGEMENT



Child's Name: _____

Date of Birth: _____

Site/Program Option: _____

#	Permissions	Initials
1	<p>I provide informed consent, by telephone or in-person, for my child and my family to participate in virtual services offered through Neighborhood House Association. (See guidance on page 2)</p> <p>I understand that communication for these services will occur through phone calls, text messages, email communication, video conferencing, and/or physical mail.</p>	<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 video) of my child for use in my child's portfolio, classroom, site, and virtual service delivery.</p>	<input type="checkbox"/> I consent: _____ <input type="checkbox"/> I don't consent: _____
3	<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: _____
4	<p>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).</p>	<input type="checkbox"/> I consent: _____ <input type="checkbox"/> I don't consent: _____

#	Information and/or Resources Provided	Initials
5	Parent Handbook (English) (Spanish)	
6	20 Facts About Child Abuse	
7	LIC 995E – Caregiver Background Check (Center-Based only)	<input type="checkbox"/> N/A
8	Over-Income Parent Acknowledgement Letter (if applicable)	<input type="checkbox"/> N/A



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Supplemental guidance for Section #1 above (Staff will review with parent):

- Staff member explained the following rights, risks and benefits of telephonic, email, text, or video-conferencing services mentioned in section #1 above:
 - Right - Parent/caregiver has the right to discontinue virtual services at any time prior to participation in this event. This will not impact your right to participate in our program in the future.
 - Risk - Participation in telephonic or computer communication poses some potential risk for participants. Despite using secure phone and computer programs required by law (such as up-to-date malware and antivirus programs), while rare, a breach in security could occur within any organization with confidential information being compromised.
 - Risk - Misunderstandings can occur due to challenges reading each other's cues such as body language, facial expressions, and tone of voice, especially with written words or delays in syncing with technology
 - Risk - Given the nature of virtual services, there may be an emergency situation that might arise and emergency personnel may need to be activated to provide assistance.
 - Benefit - Participation in telephonic or computer communication also offers many benefits, such as remote access to our staff, support, and services during a pandemic in which our capacity to safely meet is compromised.
 - Benefit - Experiencing increased safety during pandemic
 - Benefit - Gaining access to services without leaving home, so there is no need for transportation or childcare

Parent/Guardian Signature: _____ Date: _____

Consent provided:

Electronically

Verbal consent received on: Date: ____ / ____ / ____ (Pending receipt of written consent)

Staff Signature: _____ Date: _____