

# Family Consent Form

## Montana Special Needs Scholarship Program

This form simply indicates that you have read the attached information and understand that the Special Needs Scholarship program is parent driven – which means you have an active part to play in the process.

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As a parent or guardian of my child, I agree:

- To actively participate in team meetings to determine eligibility and appropriate supports for my child.
- To allow the Early Childhood Specialist to conduct program visits when my child is present in his or her child care setting and to speak to the provider about my child.
- To provide appropriate, relevant documentation to the Early Childhood Specialist in a timely manner.
- To fully support the efforts of the Early Childhood Specialist to conduct follow-up visits and contact with the provider, to assure that my child is receiving the supports outlined in the Child Care Plan.

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Child's Name Printed

D.O.B.

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Provider's Name Printed

Phone #

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Parent/Guardian's Name Printed

Phone #

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Parent/Guardian's Address

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Parent/Guardian's Signature

Date