



## Parent Consent to Transfer ELMS Records between ECEAP Contractors

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Child Name: \_\_\_\_\_ Childs Birthdate: \_\_\_\_\_

I, \_\_\_\_\_, consent to allow the Department of Children,  
Youth, and Families to release the Early Childhood Education and Assistance Program (ECEAP)  
records for the child named above to \_\_\_\_\_  
(Name of new ECEAP Contractor).

I understand that these records are stored on the secure, online Early Learning Management System (ELMS) and include, but are not limited to, the information I provided at the time of my child's initial application to ECEAP; information about my child's medical and dental status; vision, hearing and development screening results; and dates and topics of parent-teacher conferences and family support meetings.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Relationship to Child*

\_\_\_\_\_  
*Date*