



## Parent Consent to Share Contact Information with Room Parent

Student Name _____ <i>(Please Print)</i>
Address: _____
City: _____ State: _____ Zip: _____
Your Home Phone: _____ Work: _____ Cell: _____

In order to facilitate communication between you and your child's room parent, ERCDC would need to share contact information. This form serves as your consent to share that information.

I consent for ERCDC to share my contact information with my child's room parent, including:

- Phone number
- Email address

I do not consent for ERCDC to share my contact with my child's room parent. ERCDC will consult with me before sharing this information as it is requested.

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date

This page must be submitted along with your child's Enrollment Agreement form. A new page must be signed for each child enrolled.