



Release of Information Consent or Withdrawal of Consent



Adult Information (*Required)

I, _____
First Name
Last Name

give permission to the City of Stratford, Early Years and Child Care Division, to collect and maintain the following information on my child/children. I am providing my consent for the child/children listed below whom I am the parent or legal guardian (check the boxes to give consent or decline consent):

Child Information (*Required)			Data Consent	Photo Consent
First name:	Last name:	Date of birth: (mm/dd/yyyy)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
			No <input type="checkbox"/>	No <input type="checkbox"/>
First name:	Last name:	Date of birth: (mm/dd/yyyy)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
			No <input type="checkbox"/>	No <input type="checkbox"/>
First name:	Last name:	Date of birth: (mm/dd/yyyy)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
			No <input type="checkbox"/>	No <input type="checkbox"/>

Please Note: Photos may be taken of your child/children during our programs. These photos may be used for documentation purposes or to promote our programs in the form of display boards, community presentations, flyers, and on our website or Facebook pages if consent is given.

Emergency Contact (*Optional)

First name:	Last name:	Relationship to child:	Telephone number:

Confirmation of Consent (*Required)

I understand that my personal information is being collected under the legal authority of the Municipal Act, 2001 and the Child Care and Early Years Act, 2014. I acknowledge that in attending EarlyON programs and services, my information and that of my children listed above will be collected and stored within the Event Registration Attendance Management Module (ERAM), provided by One Human Services Network (OneHSN) Childcare Connect. I understand that EarlyON agencies are required to adhere to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). I understand that my personal information related to the usage of EarlyON Child and Family Centres will be used for the purposes: a) my registration; b) providing customer support services; c) reporting to funders, planning, research, evaluation and accountability. I agree to receive emails from EarlyON agencies or the City of Stratford. I understand that I may withdraw my consent at any time. I declare that I have read and understand all terms and conditions as stated above. Questions regarding the collection of this information may be directed to the City Clerk at P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 ext. 235 during business hours.

****For additional children, please attach a separate release of information form****

 Parent/Guardian signature _____
Date