

# Great Start Network

## Registration Consent

1-877-866-3714 or 231-547-6217

Please Mail to: Great Start Network,  
Health Department of Northwest Michigan  
220 W. Garfield  
Charlevoix, Michigan 49720

Date: \_\_\_\_\_ School District \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_ DOB \_\_\_\_\_

Client ID# \_\_\_\_\_ Child Name: \_\_\_\_\_ DOB \_\_\_\_\_

Client ID# \_\_\_\_\_ Child Name: \_\_\_\_\_ DOB \_\_\_\_\_

Client ID# \_\_\_\_\_ Child Name: \_\_\_\_\_ DOB \_\_\_\_\_

Client ID# \_\_\_\_\_ Child Name: \_\_\_\_\_ DOB \_\_\_\_\_

I understand that the information from this registration will be available to the Charlevoix-Emmet Intermediate School District, local school districts and the Health Department of Northwest Michigan for mailings and contacts notifying me of available services and activities I may wish to participate in with my children. These benefits include a newsletter, playgroup invitations, family discovery time invitations and other opportunities, activities, and services. I also understand that the project includes data collection for the purposes of population studies and quality control and in no way will I or my children be identified personally in data reporting. I consent to the items described above. This consent can be ended by me at any time by notifying Great Start by phone, in person, or in writing.

I consent to the items described above. I can end this consent at any time by notifying Great Start by phone, in person or in writing.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone: \_\_\_\_\_