

# **REGION A PARTNERSHIP FOR CHILDREN**

*Witness the Miracle...A Nurturing Community...A Loving Family... A Smiling Child*

116 Jackson Street ♦ Sylva, NC 28779 ♦ 828.586.0661

www.rapc.org

## *NC Pre-K Program*

### *Parent Consent for Services & Exchange of Information 2025-2026 Program Year*

The Region A Partnership for Children (RAPC) provides funding and technical support to public schools, private childcare centers and Head Start programs to offset the cost of Pre-Kindergarten classrooms. This program is known as the *NC Pre-K Program*. All families applying for an *NC Pre-K Program* opening are required to complete and submit appropriate paperwork, including but not limited to the following: An *NC Pre-K Program Child Application*, acceptable income information, documentation of date of birth of the child, a current health assessment form completed by a medical professional, and this *Parent Consent for Services and Exchange of Information* form.

This form is to document parent/guardian consent for staff of the RAPC to exchange information with officials of *NC Pre-K Program* sites.

I, \_\_\_\_\_, Parent/Guardian of  
Print parent's name

\_\_\_\_\_  
Print child's full name and date of birth

hereby grant consent for staff of the Region A Partnership for Children to collect all paperwork necessary to determine my child's eligibility for the *NC Pre-K Program*. I further grant consent for said staff to communicate with administrators and teachers of the schools/centers named below, and to observe my child in his/her classroom and on the playground at:

\_\_\_\_\_  
Name of *NC Pre-K Program* site(s)

I understand that my written consent is valid through June 30, 2026. The limitations that I place on the exchange of information are as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (PO Box or Street, City, State, Zip)

\_\_\_\_\_  
Phone

