Wicomico County
Judy Center Partnership Programs

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The Judy Center joins together a wide-range of services for children from birth through age six and their families. It provides the link and transition to elementary school programs, family support services and health services and assures that the families' needs are being met and that there are not duplications or gaps in services.

Name of Student: _____

Judy Center Partners & Friends include: (Please check the programs your family is/has been involved with)

____ Early Head Start
____ Head Start
____ WELC PreK 3
____ BR/PEM/WELC PreK 4
____ Infants and Toddlers
From _____ to _____
____ Munchkinland
From _____ to _____
____ JC Family Reading/Math Nights
Attended _____
____ JC Playgroups
Attended _____
____ Time for Two's (Wicomico Library)
Attended _____
From _____ to _____
____ Family Support Center, Shore Up!, Inc.
From _____ to _____

____ Tenderheart Early Learning Center
From _____ to _____
____ Wor-Wic's Jordan Center
From _____ to _____
____ Christian Community Childcare Center
From _____ to _____
____ Child Find
From _____ to _____
____ Lightning Bug School
From _____ to _____
____ BR/PEM/WELC Summer School
____ Lap Time (Wicomico Library)
Attended _____
____ Healthy Families
____ Lower Shore Early Intervention Prog.
From _____ to _____

In order to better serve your child and family, please complete the following information:

Parent/Guardian Name: _____
Address: _____

Child(ren)'s Name	Birth Date	Gender	Race

The strong focus of agencies working together requires information about children and their families to be shared with our service coordination team that is comprised of our partners. This assures that everyone is planning and working with your family and focused on your child's individual needs. The result is that everything possible is being done so that your child is successful! In order to share information with our partners your permission is needed.

IT IS UNDERSTOOD THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IN CONNECTION WITH THE PROVISION OF JUDY CENTER SERVICES.

Authorization to Release, Share and Obtain Information:
I, _____ give consent to and authorize The Judy Center service coordination team and the programs listed to exchange written and/or verbal information relevant to my child's progress and to my family's delivery of community services.

_____ _____
Parent/Guardian Signature Date