

Parent Permission for *Help Me Grow* E-mail Use

Child Name: _____

Parent(s) Name: _____

Child's DOB: ____/____/____ ET # _____

I _____ give my permission to the Summit County *Help Me Grow* program to use my personal e-mail address (_____) for the following:

- To receive Fin Fact news letters
- To be notified about upcoming *Help Me Grow* events
- To be informed of community resources
- Linking with other parents
- Other _____

Parent Signature _____ Date _____