



## Application & Informed Consent

Select Class Location: JUL/VBPL \_\_\_\_\_ BowCreek Rec \_\_\_\_\_ Ocean Lakes ES \_\_\_\_\_

By filling out and signing this form, you are applying to attend LENA Start parent sessions sponsored by Virginia Beach GrowSmart. LENA Start is intended to help improve your child’s language development. If you are accepted and attend, you must agree to certain things that are outlined below. Please fill out this form carefully and read both sides completely before you initial and sign on the other side.

**NOTE: You must be the child’s parent or legal guardian to fill out this form and apply to the program. All information is required in order to apply and participate.**

PLEASE PRINT ALL INFORMATION

Today’s Date: \_\_\_\_\_

Child:

|                |  |                      |
|----------------|--|----------------------|
| First Name     | Middle Name  | Last Name            |
| _____          |  |                      |
| Gender:        | <input type="checkbox"/> Boy <input type="checkbox"/> Girl | Clothing Size: _____ |
| Date of Birth: | _____  | Age in Months: _____ |
|                | Month      Date      Year                                  |                      |

Address:

|                |             |     |
|----------------|-------------|-----|
| Street address | Unit number |     |
| _____          |             |     |
| City           | State       | Zip |
| _____          |             |     |

Primary Caregiver:

|                        |             |   |
|------------------------|-------------|---|
| First Name             | Middle Name | Last Name   |
| _____                  |             |   |
| Relationship to Child: | _____       | Preferred Language: _____                                     |
| Text Phone #:          | _____       | <input type="checkbox"/> Receive program texts on this number |
| Email Address:         | _____       |   |

Secondary Caregiver:

|                        |             |   |
|------------------------|-------------|---|
| First Name             | Middle Name | Last Name   |
| _____                  |             |   |
| Relationship to Child: | _____       | Preferred Language: _____                                     |
| Text Phone #:          | _____       | <input type="checkbox"/> Receive program texts on this number |
| Email Address:         | _____       |   |

Childcare:

Childcare Needed      Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Special dietary considerations or food allergies: \_\_\_\_\_

**Note:** Texts are a key part of this program and will be sent to those numbers with the ‘Receive program texts’ check box checked. You’ll receive about three texts (primarily reminders) per week from 303-816-3574 and data & message rates may apply. If you are not or no longer able to receive texts, please speak with your coordinator immediately. You can cancel your receipt of these text messages any time by texting STOP to 303-816-3574. For help with these texts or with LENA Start, see your coordinator or text HELP to 303-816-3574.

Please initial each statement to show that you have read it, and that you understand and consent.

I am applying to attend LENA Start. I understand this includes using a small LENA recorder my child wears for a full day after each session, using special clothing. Recordings are done to generate information. **They cannot and will not be listened to, and will be deleted after they are processed.** My child and people around my child will be recorded during recording days.

\_\_\_\_\_  
Parent/guardian initials

LENA Start is made up of 13 weekly sessions about 60-90 minutes long. If I am accepted and begin the program, I will attend sessions as scheduled, or arrange a makeup session if I have to miss a session. **In order to graduate, I understand that I must:**

- 1. Attend (or make up) all the first 4 sessions *and* at least 5 of the next 9 sessions**
- 2. Turn in at least 9 LENA recordings**

\_\_\_\_\_  
Parent/guardian initials

Information that can be identified with me or my child will be kept confidential from anyone other than (VIRGINIA BEACH GROWSMART), the LENA Research Foundation, and any affiliated professionals, all of whom will comply with all laws regarding confidentiality. I have read the note about texts on the previous page and agree that [VIRGINIA BEACH GROWSMART] and LENA Research Foundation may use aggregated information for their own purposes in any way that does not reveal my or my child's identity or violate any federal, state, or local laws or regulations, and in accordance with LENA's privacy policy, available at [lena.org/privacy-policy](http://lena.org/privacy-policy).

\_\_\_\_\_  
Parent/guardian initials

The purpose of LENA Start is to improve child language development by teaching me practical techniques to increase personal interactions with my child. Specific improvements are not guaranteed. Instructors are not child development or healthcare professionals. If I have questions about my child's health or development I will consult a professional.

\_\_\_\_\_  
Parent/guardian initials

If photos or videos taken during classes include me and/or members of my family, I give permission for use of these images by [VIRGINIA BEACH GROWSMART] or the LENA Research Foundation.

\_\_\_\_\_  
Parent/guardian initials

The LENA Research Foundation may provide the opportunity for me to complete ongoing language questionnaires until my child is 36 months of age. I agree to participate in this follow up.

\_\_\_\_\_  
Parent/guardian initials

**AUTHORIZATION AND RELEASE**

By signing below, I apply to attend LENA Start program sessions. I have read and understood this form, my questions about LENA Start have been answered to my satisfaction, and I agree on behalf of myself and my child to the conditions. I and my child do not give up any of our legal rights as participants in LENA Start.

**Parent or Legal Guardian:**

**Please print your name**

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Signature Date

**Parent or Legal Guardian:**

**Please print your name**

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Signature Date