

Early Head Start Enrollment Agreement

Early Head Start is a partnership with parents. Early Head Start is about parents and staff working together as partners in supporting your child's and your family's growth. This agreement is a description of the investment that we both commit to in order to build that successful partnership.

Family Advocate agrees as follows: (please initial each item)

- _____ I will be on time for the home visit or let the parent know when I will not. I will offer opportunities to reschedule or provide make-up visits when appropriate.
- _____ I will present learning activities during the visit that are planned for the parent and child together.
- _____ I will work with the parent on using what there is in the home to play with and teach their child.
- _____ I will support the parent's ideas in planning for the child and bring materials and ideas.
- _____ I will refer/connect the parents to services to help meet their needs.
- _____ I will remind parents of Family Fun events and provide them with monthly event calendars.
- _____ I will assist and support in getting the child to health care appointments.
- _____ I will reflect and consult with EHS Supervisors, Pediatric Nurse Practitioners and the Mental Health Consultant in order to best support each family, problem-solve and provide resources.
- _____ I will respect the family's confidentiality.

Parent agrees as follows: (please initial each item)

- _____ I will be home for each visit or let the Family Advocate know if I need to cancel and reschedule.
- _____ I understand that the visit time of 90 minutes weekly is just for parents, child and Family Advocate.
- _____ I will be involved and engaged with my child and the Family Advocate during the home visit and will reduce outside distractions (TV, phone, texting, computer, video games, etc.).
- _____ I will help plan activities for my child.
- _____ I will attend the Family Fun events held each month if I am available.
- _____ I will ensure that my child gets to all health care appointments.
- _____ I will respect the confidentiality of children and other parents in the program.
- _____ I understand that all Reach Dane/Reach Green staff are required by law to report any suspected abuse or neglect of children to the County Human Services Department. Reporting is meant to protect children, not to punish parents.
- _____ I understand that failure to meet with or contact the Family Advocate for 3 weeks may result in myself and my child being dropped from the Early Head Start program.

Early Head Start is required to do various screeners and assessments. You can be present for all of these assessments – unless arranged in advance with your permission (i.e., child is in our daycare and Reach Dane/Reach Green staff is able to do a screening during the child care day):

- _____ You give permission for OAE testing, nutrition and vision screeners, and a dental visit.
- _____ You give permission for ASQ screeners, HELP and GOLD assessments.

During the year Reach Dane will participate in a research study by the Department of Public Instruction and the Wisconsin Readiness Equity Network. I give Reach Dane permission to share information about my child including, directory information, demographic data, and progress reports.

Participant's Signature

Date

Family Advocate's Signature

Date