

Label Here
Child's Name _____
Program _____

ENROLLMENT AGREEMENT
FULL DAY HEAD START

Beginning Date _____

Head Start is a partnership with parents/guardians. To have a successful experience, both parents/guardians and staff must work together. Staff must adhere to Head Start Performance Standards and parents/guardians must be involved in their child's educational program. This is an agreement between you and Head Start. This information can be changed during the year by resubmitting this form.

YOUR CHILD'S TEACHER IS COMMITTED TO:

- ___ Work with you and your child on school readiness skills including: social/emotional development, self-help skills, health and nutrition development, and communication skills within a developmentally based educational setting.
- ___ Involve you in setting goals & discuss with you on a regular basis about your child's progress (min: 2 home visits & 2 conferences)
- ___ Welcome and encourage your attendance in the classroom and your ideas for your child's learning. (All parents/guardians are permitted to visit during center hours, unless access is prohibited or restricted by a court order.)
- ___ Notify you of schedule changes. The centers will be closed on legal holidays and training days (see contract for details).
- ___ Give at least two weeks notice of any changes in policy, fees, or schedules.

AS A HEAD START PARENT/GUARDIAN, I AM EXPECTED AND AGREE TO:

- ___ Review/abide by Head Start policies, requirements of Wisconsin Child Care Licensing, and terms of my child care contract.
- ___ Maintain full time employment or school enrollment status; and child care subsidy. Notify Head Start of my job/school/subsidy status changes; regain employment/educational/subsidy status to retain my child's eligibility for the full-day classroom.
- ___ Pay in advance my child's child care fees, including co-pays; and to pay assessed late fees in accordance with handbook.
- ___ Daily transport my child to and from the classroom at my scheduled time and notify the staff if my child is ill. Promptly pick up my child if he/she becomes sick at the center.
- ___ Welcome my child's Teacher and FOW into my home at least quarterly to discuss progress and set goals.
- ___ Observe/volunteer in the classroom, field trips, special events and work at home with my child as my schedule allows.
- ___ Give the program at least 2 weeks notice of withdrawal, either temporary or permanent. If my child is withdrawn without this notice, I will be liable for the assessed fees of the 2-week notification period.

PARENT/GUARDIAN PERMISSION	YES	NO
Initial here to OPT OUT of text messages _____. Standard message and data rates may apply.		
I GIVE Head Start authorization to transport my child to and from field trips and other program activities, home on an emergency basis and to hearing and dental screenings.	<input type="checkbox"/>	<input type="checkbox"/>
During the school year, my child may participate in the program screenings, general observations and monitoring process, including vision, hearing, medical, social/emotional, speech/language, and developmental screenings. I give Head Start permission to exchange information with staff/agencies contracted to do the screenings. I understand I will be informed of all results. I will also be informed of and involved in any necessary follow-up.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
I AGREE that name/address/phone/child's DOB information may be shared with public schools to facilitate 4K registration/enrollment and kindergarten transition. I understand that I will be informed of, and involved in, any referrals needing additional information.	<input type="checkbox"/>	<input type="checkbox"/>
Photos or video of my child and I may be used within Reach Dane/Reach Green programs	<input type="checkbox"/>	<input type="checkbox"/>
Photos or video of my child and I may be used on the Reach Dane/Reach Green website, in media and in community outreach	<input type="checkbox"/>	<input type="checkbox"/>
<u>I agree to pick up my child at his/her scheduled time. I UNDERSTAND that if I, or my emergency contact person, does not come for the child before the time the center closes, Human Services-Child Protective Services will be called to make emergency care arrangements for my child.</u>	<input type="checkbox"/>	
I UNDERSTAND the parent share (co-pay)/fees are due Monday for that week of care: failure to maintain a subsidy/pay my parent share may result in my child being dropped from the program. I understand late fees are my responsibility –subsidy will not cover these.	<input type="checkbox"/>	
I UNDERSTAND these permissions will be in place throughout my child's participation in Head Start unless I revoke one or all in writing.	<input type="checkbox"/>	

Parent's/Guardian's Signature

Date

Staff