

Label Here

Child's Name \_\_\_\_\_

Program \_\_\_\_\_

## ENROLLMENT AGREEMENT

**Beginning date:** \_\_\_\_\_

Head Start is a partnership with parents/guardians. In order 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.

### AS YOUR CHILD'S TEACHER, I AM COMMITTED TO:

- \_\_\_ Work with you and your child on readiness skills including: social/emotional development, self-help skills, health and nutrition development, and interactive classroom skills within a developmentally based educational setting.
- \_\_\_ Involve you in setting goals and contact you on a regular basis about your child's progress during home visits/conferences.
- \_\_\_ Welcome and encourage your attendance in the classroom and 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.)

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

- \_\_\_ Send my child to school every day and to notify the staff when my child is ill.
- \_\_\_ Daily transport (if applicable) my child to and from the classroom at the scheduled time and promptly pick up my child if he/she becomes sick at the center.
- \_\_\_ Welcome my child's teacher and Family Outreach Worker into my home to discuss progress and set goals.
- \_\_\_ Observe/volunteer in the classroom, field trips, and special events and work at home with my child as my schedule allows.

PARENT/GUARDIAN PERMISSION	YES	NO
Initial here <b>OPT OUT</b> of text messages _____. Standard message and data rates may apply.		
I GIVE Head Start authorization to transport my child daily and/or to and from field trips and other activities including, but not limited 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 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 UNDERSTAND if I or my emergency contact person does not pick up my child within two hours from the time his/her class is dismissed or by 4:30 pm (whichever comes first), Human Services/Child Protective Services will be notified to make emergency arrangements for my child.</u>	<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"/>	

HOURS AND MEALS WHILE IN CARE					
Days normally in care (Check)	Hours normally in care		Meals normally received while in care (Check)		
	From	To	Breakfast	Lunch	PM Snack
M <input type="checkbox"/>					
T <input type="checkbox"/>					
W <input type="checkbox"/>					
Th <input type="checkbox"/>					
F <input type="checkbox"/>					

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff