

**ENROLLMENT AGREEMENT FULL-DAY EARLY HEAD START**

**Beginning Date:** \_\_\_\_\_

**Early 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 Early Head Start Performance Standards and parents/guardians must be involved in their child's educational program. This is an agreement between the parent/guardian and Early Head Start. This information can be changed during the year by resubmitting this form. \_\_\_\_ (Parent Initials)**

**EARLY HEAD START IS COMMITTED TO THE FOLLOWING:**

- \_\_\_ Work with you and your child to promote his/her development: social/emotional, self-help skills, health and nutrition, and communication skills within a developmentally appropriate educational setting.
- \_\_\_ Work with you on identifying goals and strengths and meet with you on a regular basis to discuss your child's progress.
- \_\_\_ Welcome and encourage your attendance in the classroom and welcome 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.
- \_\_\_ Give at least two weeks notice of any changes in policy, fees, or schedules.
- \_\_\_ Provide support services to promote positive parent/guardian and child attachment and child and family development.

**AS AN EARLY HEAD START PARENT/GUARDIAN, I AM EXPECTED AND AGREE TO DO THE FOLLOWING:**

- \_\_\_ Review and abide by Early Head Start policies, requirements of Wisconsin Child Care Licensing and terms of my child care contract.
- \_\_\_ Transport my child to and from the classroom at my scheduled times and notify the staff if my child is ill. Promptly pick up my child if he/she becomes sick at the center.
- \_\_\_ Meet with my Family Specialist at least once a quarter for an in-home visit to work on family goals.
- \_\_\_ Ensure that my child will get to all scheduled health care appointments.
- \_\_\_ Observe/volunteer in the classroom, on field trips, at special events, and work at home with my child as my schedule allows.
- \_\_\_ I UNDERSTAND these expectations will be in place throughout my child's participation in Early Head Start unless I revoke one or all in writing.

**PARENT/GUARDIAN PERMISSION**

**YES NO**

Initial here to <b>OPT OUT</b> of text messages _____. Standard message and data rates may apply.		
I give Early Head Start authorization to transport my child to and from field trips, other program activities, and home on an emergency basis.	<input type="checkbox"/>	<input type="checkbox"/>
During the school year, my child may participate in the program screenings and monitoring process including health, social/emotional, speech/language, and developmental. I give Early Head Start permission to exchange information with staff and 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"/>
During the school year my child may participate in the OAE Hearing Screenings.	<input type="checkbox"/>	<input type="checkbox"/>
I give Early Head Start permission to refer my family to WIC, if eligible, and to share appropriate information, if enrolled in WIC to coordinate health services.	<input type="checkbox"/>	<input type="checkbox"/>
Pictures and video of my child and I may be used within Reach Dane programs.	<input type="checkbox"/>	<input type="checkbox"/>
Pictures and video of my child and I may be used on the Reach Dane website, in media, and in community outreach	<input type="checkbox"/>	<input type="checkbox"/>
I give Reach Dane staff permission to brush my child's teeth with fluoridated toothpaste, in accordance with label directions.	<input type="checkbox"/>	<input type="checkbox"/>
My child has used fluoridated toothpaste before.	<input type="checkbox"/>	<input type="checkbox"/>
I have received written and verbal information on appropriate car seat use and proper car seat installation.	<input type="checkbox"/>	<input type="checkbox"/>
I have received information on bus safety related to Reach Dane transportation including: walking to the bus safely with children and car seat and seat belt usage on the bus.	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff