

**ENROLLMENT AGREEMENT FULL DAY EARLY HEAD START AND HEAD START  
CHILD CARE FUNDING AND LATE FEE POLICIES**

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

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

\_\_\_ I agree to maintain full time employment or school enrollment status; and child care funding (subsidy). I will notify Early Head Start/Head Start of my job/school or funding status changes. I will comply with child care funding requirements in order to maintain my child's eligibility for the full-day classroom.

\_\_\_ I understand that I must provide an official written work schedule and/or school schedule, or employability plan at enrollment and anytime there is a change in my schedule

\_\_\_ I understand if child care funding ends OR is reduced to 18 hours or fewer funded hours, I have **two weeks** to get it reinstated (complete review, turn in work or school schedule, etc.).

\_\_\_ I understand when child care funding ends or is reduced to 18 or fewer funded hours, I agree to complete the following steps:

- Step 1: Create a written plan with the CBFS/FOW to get the subsidy reinstated
- Step 2: Contact Economic Support Specialist and follow through with what is advised.
- Step 3: Enroll in an approved activity (work, school, W2, FSET)
- Step 4: If denied by county child care funding, apply for city funding if eligible.
- Step 5: Review plan weekly with CBFS/FOW until subsidy is in place.

**NOTE: Until subsidy is reinstated child's hours will be adjusted.**

**NOTE: Children in Head Start Plus classrooms will be offered part day hours during the school year. The child will be placed on the wait list for a part day Head Start classroom. The child will transition to the part day classroom once space becomes available. During the summer, part day is not available. The child will be withdrawn from the Head Start Plus classroom and placed in a part day classroom for fall.**

\_\_\_ I understand that after **two weeks** without funding or 18 or fewer funded hours my child may be withdrawn from the full day program. Every effort will be made by the Reach Dane Enrollment Department and my CBFS/FOW to enroll my child in another program option if eligible.

\_\_\_ I agree to pay my child's assessed late fees in accordance with handbook. (Review policy at this time)

\_\_\_ I understand late fees are due the Monday after the late fee was given: I understand late fees are my responsibility –subsidy will not cover these.

\_\_\_ I agree to give the program at least two weeks' notice of withdrawal, either temporary or permanent. If my child is withdrawn without this notice, I will be liable for the assessed fees for the 2 week notification period.

\_\_\_ 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 my child by the time the center closes, Human Services/Child Protective Services will be notified to make emergency arrangements for my child. A late fee will be assessed.

\_\_\_ I understand these expectations will be in place throughout my child's participation in Reach Dane's Center Based Early Head Start program/Head Start Plus program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff