

We are committed to every parent and child having a successful and satisfying experience in Head Start/EHS/ECEAP. As we join in this partnership with you, it is important that we understand our roles and responsibilities as both parent/caregivers and program staff. Welcome and we look forward to getting to know you and your family.

- Keep my child's immunizations current as mandated by Washington State requirements.
- Keep my child on a schedule of **well child exams (WCE)** and **dental exams** as recommended by the State of Washington (within 90 days of enrollment) and will complete any needed medical follow-up and treatment.

- Attend scheduled home visits, Parent/Teacher Conferences and will attend a classroom orientation on my child's first day of school.
- Have my child attend every program day they are able to. I will call the teacher or family advocate if my child is absent, stating the reason and date(s) for absence. I understand that regular attendance is important for my child to be Kindergarten Ready!
- Understand my child may be placed back on the waitlist if they do not meet the program's attendance requirements.
- Understand the importance of contributing my time as a volunteer, i.e., in the classroom, special projects, home activities (home learning in-kind), etc. since this program is free.
 - Documenting three (3) hours of time per week that I spend with my child will help achieve the program in-kind goal.
- Staff will support and encourage my family in creating and reaching our individual goals.
- Staff will assist me in accessing resources in the community.

- Ensure an authorized person, or myself, will pick-up and drop-off my child at scheduled times (including bus, if transportation is provided).
- Contact my Teacher or Family Advocate to add/delete persons from my authorized persons and emergency contact list.
- Ensure that during socializations (parent meetings/family nights/PAL/PACT times) I am actively supervising my own child(ren).
- Staff are Mandated Reporters of child abuse and neglect and report any suspected incidents of child neglect or abuse as required by Washington State law.
- I will respect the weapon-free, drug-free (including cannabis), alcohol-free, smoke-free (including vaping) zones at each LCC Head Start/EHS/ECEAP property and at my home visits, Parent/Teacher Conferences, during pick-up and drop-off of my child(ren), and at all program activities.

- Keep confidential all information I share (verbally and in writing) unless consent to share information with other agencies has been given by me in writing per the Family Educational Rights and Privacy Act (FERPA).
- Keep discussions confidential to create an atmosphere of safety, trust and openness.
- Refrain from posting pictures of Head Start/EHS /ECEAP children, other than my own, on social media.

Teaching Strategies/Early Achievers

- The program is required to participate in Early Achievers. Photographs, audio and/or video recordings will be taken of my child in the classroom for the purpose of Early Achievers staff development.
- The program uses Teaching Strategies Gold to assess children's growth and development.
- Photographs, audio and/or video recordings will be taken in the classroom related to my child's development.

Mental Health

- Staff consult with the program Mental Health Team related to social/emotional development and needs for my family and child.

I have been advised and give my permission for the following:	<i>Initial</i> Yes	<i>Initial</i> No
1. Head Start/EHS/ECEAP to perform the following screenings: Hearing, Visual Acuity, Height/Weight, Developmental and Social/Emotional		
2. I give permission for my child to brush their teeth with fluoridated toothpaste. <i>(If no, the child will use water).</i>		
3. I give permission for photographs of my child to be used in the classroom and/or common spaces at my child's center and for classroom activities. <i>(i.e., printed with child's name for the cubby)</i>		
4. Photographs or videos may be taken of my child to be used on social media, in newspaper, television, community bulletin boards, hallways, educational publications, or displays <i>(we will attempt to give prior notification).</i>		
5. My child may go on program field trips, provided I have received prior notification which includes: destination, date, time, method of transportation, and educational objectives.		
6. My name, address, and telephone number may be listed in the parent roster to be used by Parent Committee Leaders, Policy Council members or staff members so that I can be kept informed of up-coming program events <i>(not to be released to anyone outside of the program without my prior written permission).</i>		
7. I give permission for LCC Head Start/EHS/ECEAP to transport and release or obtain medical/surgical treatment for my child, in case of emergency.		
8. If transportation is provided, I give permission for LCC Head Start/EHS/ECEAP to provide bus transportation for my child.		
9. I give permission to receive program correspondence via text and/or email pertaining to my child. <i>(Standard message and data rates may apply.)</i>		
10. I agree to apply for and if eligible, maintain Working Connections Child Care from DSHS.		

 Parent/Guardian _____ Date _____

 Staff _____ Date _____

 Parent/Guardian _____ Date _____

 Interpreter _____ Date _____