

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

Respect

- Treat my family with kindness and dignity.

Support

- Support and encourage my family in reaching our individual goals.
- Assist me in accessing resources in the community.

Home Visits

- Contact me if they are going to be late or need to reschedule.
- Ask for my observations and ideas in order to plan activities for Home Visits.
- Work as a team to support my family which may include a support staff scheduled to join a home visit.

Play and Learn Groups (PAL)

- Ask for my suggestions for activities and foods to be served during socializations (i.e., Play and Learn Groups).

Observation Based Assessment

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

Mental Health

- Consult with the program Mental Health Team related to program children and families for social/emotional development.

I understand as an enrolled parent in the program I am expected to:

Respect

- Treat program staff, other parents and children in the program with kindness and dignity.

Confidentiality

- 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, including those at socializations.
- Refrain from posting pictures of Head Start/Early Head Start/ECEAP children, other than my own, on social media.

Culture of Safety

- 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, and at all program activities, including parent meetings.

Participation

- Establish a regular Home Visit schedule with my home visitor and attend the required number of home visits per year to remain in the program.
- Contact my home visitor to cancel and schedule a make-up Home Visit if I or my child/ren is ill or there is an emergency.
- Make every effort to attend socializations unless I or my child/ren is ill.
- Share my observations of my child/ren and ideas for activities during Home Visits and socializations.
- Work with staff to create goals for my child and family.
- I 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.

Healthy Child

- Keep my child's immunizations current as mandated by Washington State requirements.
- Have my child stay on a schedule of well child care exams (WCE) as recommended by the state of Washington and to complete any needed medical follow up.
- Have my child, if over the age of one, complete a dental exam within 90 days of entering the program and complete any needed dental follow-up.

I have been advised and give my permission for the following:	Initial Yes	Initial 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. Photographs or videos may be taken of my child in the classroom to be used in classroom activities. 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 their 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. If my child or a present family member becomes injured or ill during a program home visit or function, I understand that LCC staff will use their best judgement in performing CPR/First Aid and/or seeking emergency medical care.		
8. 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>		

 Parent Signature

 Date

 Staff Signature

 Date

 Parent Signature

 Date

 Interpreter Signature

 Date