

HEAD START/EARLY HEAD START PARENT AGREEMENT FORM

Child's Name: _____ Birthday: ____ / ____ / ____ Site: _____

Parent/Guardian's Name: _____

A. TRANSPORTATION

Pick-Up Location: _____

Drop-Off Location: _____

Directions to Home: _____

B. EMERGENCY/RELEASE/CONTACTS – (Names of individuals to whom your child may be release and whom the staff may call in an emergency if you cannot be reached). **Please prioritize this list.**

NAME	RELATIONSHIP	RELEASE	ADDRESS/CITY/ZIP	PHONE NUMBER
		<input type="radio"/> Emergency Contact <input type="radio"/> Release To <input type="radio"/> Do Not Release <input type="radio"/> Share Information		H: C: Other:
		<input type="radio"/> Emergency Contact <input type="radio"/> Release To <input type="radio"/> Do Not Release <input type="radio"/> Share Information		H: C: Other:
		<input type="radio"/> Emergency Contact <input type="radio"/> Release To <input type="radio"/> Do Not Release <input type="radio"/> Share Information		H: C: Other:
		<input type="radio"/> Emergency Contact <input type="radio"/> Release To <input type="radio"/> Do Not Release <input type="radio"/> Share Information		H: C: Other:

C. DOCTOR

Name: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

D. DENTIST

Name: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

E. COMMENTS: _____

Parent/Guardian Signature Date

Staff Signature Date

Parent/Guardian Signature Date

Staff Signature Date

Child's Name: _____

(Please Print)

Date: _____

Please sign your initials to signify your agreement for each of the following statements:

- _____ 1. I give my permission to have my child screened for normal development in the following areas: hearing, vision, speech, large motor, small motor, social emotional and problem solving.
- _____ 2. I agree to complete any needed medical and dental follow-up for my child.
- _____ 3. I give my permission to any Head Start/Early Head Start paid staff to provide routine preventive health care and emergency first aid to my child.
- _____ 4. I agree to allow the Head Start/Early Head Start staff to make home visits during the school year, at mutually convenient hours.
- _____ 5. I agree to attend two Parent/Teacher Conferences at school, at mutually convenient hours.
- _____ 6. I give my permission for the name and/or photograph of my child to be used in newspapers, displays, bulletin boards or other types of Head Start/Early Head Start publicity. I will receive notification when my child's name/picture will be used in newspapers or their community publications.
- _____ 7. I give my permission for my child to participate in supervised Head Start/Early Head Start field trips when I have received advance notification.
- _____ 8. I give my permission for my child to be observed as part of a student teaching internship.
- _____ 9. I understand that a qualified Mental Health Consultant will observe my child's Head Start/Early Head Start class twice during the year. I give permission for the Mental Health Consultant to observe my child and I understand that the written observation will be shared with me at the Parent/Teacher Conference. I give permission for the teacher to share health information, education assessment and the DIAL-R screening results from my child's file with the Mental Health Consultant.
- _____ 10. I give my permission for my child to be transported to and from school in Head Start/Early Head Start authorized vehicles.
- _____ 11. I agree to volunteer in the classroom and/or in my home to the extent possible. Further, I agree cooperate with all Head Start/Early Head Start staff while volunteering in the classroom and on the bus and understand that I am subject to the Tri-County Opportunities Council personal qualifications and standards for conduct in the Personnel Policies.

Parent/Guardian Signature

Staff Signature

Parent/Guardian Signature