



CENTER-BASED FAMILY PARTNERSHIP AGREEMENT

Between

HEAD START and _____
(NAME)

PARENT/LEGAL GUARDIAN of _____
(CHILD)

HEAD START will provide:

- Full-day child development/education services to Child on non-holiday weekdays during the nine-month school year;
- Health and dental screening for Child and assistance with treatment as necessary and appropriate;
- Mental health screening for Child and assist with treatment services as necessary and appropriate;
- Nutritious meals and snacks to Child and nutrition assessment and counseling as needed;
- Parent education and involvement opportunities on a regular and ongoing basis;
- Transition services as Child progresses to public school or other child development programs;
- Comprehensive family support services to the Child's entire family, including the identification of goals, objective and action steps necessary to accomplish them;
- An opportunity for Child to brush teeth twice daily.

HEAD START may:

- Provide transportation for Child for field trips or medical and dental emergencies. I understand that additional field trip permission forms will need to be returned so that my child may participate;
- Disclose Child's health, family, educational and other records to the HEAD START program, its agents and employees, and/or to providers of human services for the provision of services;
- Utilize photographs of Child for training, advertising or publicity purposes published in media whatsoever including electronic publication;
- Disclose records related to Child and family for the purpose of review and inspection by auditors, monitors, or other representatives of organizations that provide funding for the goods and services received by Child or myself in connection with the HEAD START program.



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(Continued)

NOTICE: BY COMPLETING THIS FORM, YOU ARE ENROLLING YOUR CHILD IN A CHILD DEVELOPMENT PROGRAM. IN ORDER TO MAINTAIN ENROLLMENT, YOU MUST ABIDE BY THE REGULATIONS ESTABLISHED BY HEAD START.

The parent/guardian consents and agrees to the following (please initial each statement for which you are providing consent):

The Parent is expected to:

_____ Update emergency and contact information on the HEAD START emergency card whenever necessary;

_____ Provide the Child's health history, including medical conditions and other information as requested;

_____ Participate in developing Child's educational goals and family goals;

_____ Participate in home visits during the school year by the classroom teacher and social service staff;

_____ Ensure Child's regular attendance and contact the center when absences are necessary;

_____ Abide by HEAD START tardies and late pick-up policies.

_____ Follow through with plans of action formed in conjunction with HEAD START staff;

_____ Cooperate and work in partnership with all HEAD START components that may interface with Child or Child's family;

_____ Participate in center parent meetings, volunteering, and family activities.

The Parent/Guardian understands that HEAD START services may be suspended, terminated, or transferred should any of the following conditions exist:

- _____ ❖ *Child presents a health or safety risk to himself/herself or others;*
- _____ ❖ *Parents/Guardian's words or actions (or the words or actions of the child's other family members or representatives) are perceived to represent a physical threat to staff, other parents, children or volunteers;*
- _____ ❖ *Misrepresentation related to the information concerning household or family structure, employment or family income, or a major change in that information that is not promptly reported to HEAD START.*

Signature of Mother or Dad

Date

Staff Signature

Date

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