

## Center Based Family Partnership Agreement

Head Start Parent: \_\_\_\_\_ Child's Name: \_\_\_\_\_

### HEAD START will provide:

- Full-day child development/education services
- Nutritious meals and snacks daily
- Transition services
- Comprehensive family support services, including the identification of school readiness goals
- Mental health screening
- Parent education and involvement opportunities
- An opportunity for Child to brush teeth once daily

### HEAD START may:

- Assist with obtaining health and dental examinations;
- Provide transportation for Child for field trips or medical and dental emergencies;
- 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;
- 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.

### The Parent is expected to:

- Ensure my child is current with physical and dental requirements.
- 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 school readiness and family goals;
- Participate in two parent conferences and two home visits during the school year
- 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;
- Cooperate and work in partnership with all Head Start components;
- 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:** (please initial below)

\_\_\_\_\_ *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.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date