

Washtenaw County Head Start
Parent Letter of Understanding

Child's Name _____

Program Year _____

I understand that:

1. Information about my child and family will be kept confidential and only shared with others with my written consent. Information about my child's health will only be shared with authorized employees and Head Start consultants upon my written consent.

All family and child information is maintained in locked file cabinets to respect your right of privacy.

2. My child will participate in all classroom and outdoor activities so that he/she may receive the full benefit of the Head Start program.
3. Head Start expects parents to participate in monthly parent meetings, to volunteer in classrooms and at other Head Start functions that enrich the Head Start experience for the child and family.
4. It is important to have my child ready at the scheduled bus pick-up time to ensure that she/he gets to school on time and gets the whole day's Head Start experience.
5. For the protection of my child, an adult caregiver will be available to receive him/her at the bus delivery address. To prevent any person from picking up my child without my consent, children will only be released to authorized individuals on the Emergency Card.
6. Various screenings will be administered to monitor my child's healthy development and to be of assistance with any developmental concerns.
7. A complete physical examination including immunizations, hematocrit/hemoglobin, and TB test are required within the first 30 days of enrollment otherwise my child will be excluded from the program. I also understand that Head Start staff will assist me in finding a medical home for my child.
8. Dental exams are required within the first 30 days of enrollment. Follow-up treatment from the exam and routine exams are expected as indicated at the time of the examination. Head Start staff will assist me in finding a dental home for my child.
9. At least three (3) home visits will be done in order to build a trusting and secure relationship between my child and the Head Start staff. In addition, two (2) parent/teacher conferences will be scheduled to aid in communications about my child's growth and development.
10. Special service professionals and consultants are resources available to parents and staff as needed to ensure the success of all children.
11. Pertinent information will be shared with the Public School District regarding the best placement for my child, to aid in the transition from Head Start to Kindergarten.
12. A Parent Orientation is held at the beginning of the school year to inform me of policies and to give me more information as to what I can expect for my child and family from the Head Start program. I will be informed of the date(s) for Parent Orientation and will be expected to attend.
13. Start time for classes is _____ a.m./ _____ p.m. My child is expected to attend each day school is in session unless he/she is ill.

Signature of Parent/Guardian

Head Start Staff Signature

Date

Washtenaw County will not discriminate against any individual or group because of race, gender, religion, age, national origin, color, marital status, sexual orientation, political beliefs or disability.