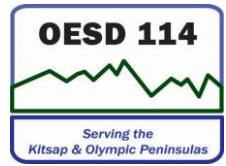




early learning department
come grow with us!

Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



Commitment to Child, Family, and Staff Well-Being

Come grow with us!

- I understand that I am my child’s first teacher and my ideas and suggestions are valuable. I will contribute ideas and suggestions and will help plan parent-child activities and contribute in whatever way I can.
- Together with the OESD Staff, we will focus on ways I can interact with my child to support his or her development, work through my parenting questions and concerns and build a healthy environment for my child.
- I agree to work together to develop a plan based on the goals I have set for my child and my family. We will talk about progress on a regular basis and adjust goals as necessary.
- Confidentiality is an important part of our program. I understand that staff will not share any information about me or my child with anyone outside the program without my written consent. I also understand that parents/guardians cannot share anything discussed within our program with anyone outside the program. These principles help to create an atmosphere of safety, trust and openness.
- I understand I am able to review my child’s file at any time.
- I understand and support the safety of all learning environments and agree to keep OESD staff safe from animals and will provide a smoke free environment.
- I understand that the Early Head Start/Head Start/ECEAP Staff and Nutrition, Nurse and Mental Health Consultants are members of my team and may periodically visit Early Learning Department spaces to support staff. They are also available for referrals for families as needed in partnership with Early Learning staff.
- It is so important for children to see pictures of themselves at “work”. I understand that staff often take pictures to display throughout the learning space.
- Our program believes that videotaping is a powerful staff-training tool. I understand that my child may be part of videotaping for the purposes of staff coaching and support.
- **(Prenatal Only)** I understand that Early Learning staff will visit with my family and my baby within two weeks of baby’s birth.
- I understand that all OESD 114 Early Head Start/Head Start/ECEAP staff are mandated reporters for child abuse and neglect according to Washington State Law.
- I give my consent for program staff to screen my child’s vision and hearing.
- I give my consent for program staff to measure and graph my child’s height and weight.
- I give consent for my child to participate in a daily tooth brushing routine using an age appropriate amount of fluoridated toothpaste.
- I give permission for my child to participate in developmental and social emotional screenings by trained staff to determine the possible need for further evaluation.
- I understand continuity of care is important when my child transitions programs. I give permission for Early Head Start/Head Start/ECEAP to share health and education records with my child's next provider or school.
- **(School District Classrooms/Centers ONLY)** I give my permission to share daily attendance, meal count, meal application or other information as requested with the school district providing food service to my child’s classroom.

I have read and understand the above. I understand if I have any questions about this form, I can discuss them at any time with program staff.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____