



ORCA Card Consent Form

I will be using an ORCA card for the month of _____. I acknowledge that at the end of the month I will need to present the card to my advocate or home visitor.

1. This card is for use with Kitsap Transit including the Port Orchard Foot Ferry.
2. I will use my ORCA card to transport my child to class or OESD Head Start, Early Head Start or ECEAP program services. Misuse of the card will cause it to be blocked for future use.
3. I will immediately report a lost, stolen or damaged ORCA card to my Family Advocate or Home Visitor. The lost or stolen card will be replaced once by Head Start as replacement costs are \$3.00 per card. Please do not bend, fold, staple or hole punch the card. This will damage the card and make it unusable.
4. By the 15th of each month, I will present my ORCA Card to my Family Advocate or Home Visitor and sign a new consent form.
5. I will return my ORCA card on leaving the program or when the card is no longer needed.

Signature: _____ Date: _____

Print Name: _____

Child's Name: _____ Site: _____

Advocate's Signature: _____

New Family

Returning Family

OFFICE USE ONLY:

ORCA CARD # _____