



Olympic Educational Service District 114

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



Center Base Programs

Program Year: _____

Parent Responsibilities

There are many practices that contribute to a successful year for children, families, and staff in the Early Head Start / Head Start / ECEAP Program. When we each are clear about our part, we can truly work in partnership. Please **initial** the statements below:

1. ____ I understand that I am my child's first teacher and my ideas and suggestions are valuable to our program. I understand that I am welcome to volunteer in the classroom, to contribute ideas for classroom curriculum, help plan activities and to contribute in whatever way I can toward a successful Early Head Start/Head Start/ECEAP year.
2. ____ I agree to work in partnership with staff to develop goals for my child and family
3. ____ I understand that my child is expected to attend class each day and that regular attendance is very important. If my child is going to be absent for any reason, I will call and let the classroom staff know. If I am unable to bring my child to class on a regular basis, other program options may be explored to fit my needs.
4. ____ I agree to sign my child in and out on the days I bring my child to school. I understand that when my child is late, he/she misses out on important learning experiences. I also understand that teachers cannot provide care for children before or after class.
5. ____ I will not allow my child to bring toys or any personal items from home unless his/her teacher requests.
6. ____ I understand that many infant-toddler/preschool activities are playful and can be messy. I agree to send my child to school in clothes that are comfortable and appropriate.
7. ____ I understand the importance of preventive health care and agree to work with the program and my child's health care providers to obtain all needed health services for my child when they are due or within the first 90 days of enrollment.
8. ____ I understand that I'll be called immediately in the event my child is injured or ill. If I cannot be reached, I understand the people I designate on my child's Emergency Care Form will be called.
9. ____ I understand I am able to review my child's file at any time by notifying staff.

I have read and understand the above responsibilities and opportunities and I am willing to do my part.

Parent/Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____