



# Center Based Participation Agreement



Child/Participant Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

These agreements establish understanding roles and responsibilities related participation in the OESD 114 Early Learning program.

Family Role and Commitments	Staff Role and Commitments
<ul style="list-style-type: none"> <li>• Support participation in classroom activities</li> <li>• Share health and dental exam results</li> <li>• Participate in planning for activities that support attachment and child development</li> <li>• Develop and work toward my family goals</li> <li>• Update any changes in my contact information and emergency contacts</li> <li>• Participate in Family Gatherings, Parent Workshops and Policy Council as available</li> <li>• Refrain from texting and answering phone calls while in the center unless it is an emergency.</li> <li>• Participate in screening and ongoing assessment of my child’s development.</li> </ul>	<ul style="list-style-type: none"> <li>• Learn about and respect family culture and values</li> <li>• Share ideas to support learning in the home and community</li> <li>• Support families to maintain routine health and dental screenings and exams</li> <li>• Partner to assess and develop activities that support child’s growth, development and attachment</li> <li>• Partner in developing and reaching family goal.</li> <li>• Partner to develop a Transition Plan for Kindergarten.</li> <li>• Support families to access resources.</li> <li>• Refrain from texting and answering phone calls during our time together unless it is an emergency.</li> <li>• Will maintain safe and healthy environment for children and families.</li> </ul>

## General Agreements for Center Based Participation

- We will ensure my child attends class every day and is dropped off and picked up on time. If my child is unable to attend each day, I will work with my team to establish an attendance plan.
- We will contact staff as soon as possible if I know my child will be absent that day.
- We will follow state and local health recommendations for minimizing spread of illness such as wearing masks, monitoring for fever, handwashing, sanitizing, and keep my child home if they are not feeling well.
- Family will maintain a safe environment during in person home visits by not using tobacco, e-cigarettes, marijuana, alcohol or other illegal substances during the visit and securing pets, firearms and weapons before the visit.
- Nutrition, nurse, and mental health consultants are members of my team, are available for referrals, and support as needed to support family and program success.
- Staff and family respect confidentiality regarding participation in this early learning program. OESD 114 will not share information about my child or family without written consent.
- I consent for my child to participate in daily tooth brushing routine using an age appropriate amount of fluoridated toothpaste.
- I consent to participate in vision, hearing, growth, developmental and social emotional development screenings and ongoing assessments for my child.

*All staff in our program are mandated reporters. This means that any staff member that has a reasonable suspicion that a child has suffered child abuse or neglect is required to report those concerns to Child Protective Services (CPS).*

**I have read the above Agreements and understand the commitment I am making to participate in the OESD 114 Early Learning Program.** I also understand that participation is voluntary and I can choose to exit the program at any time.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date