 **GSRP** **Parent Orientation Training**

At parent orientation I learned about activities my child will be involved in at school. I have also received program policies that will help my child be successful and safe in this program. I acknowledge the items below:

**Initial**

\_\_\_\_\_\_ **Confidentiality-**NMCAA values and respects all members of the GSRP family, children, caregivers, and staff. In order to achieve this for all, I agree not to share any information of a personal and confidential nature. This may include child conversations and behaviors, as well as staff and family information. When engaging in social media activity, I will not post information and/or pictures of students/families in the program without permission. Refer to the Head Start and GSRP Parent Handbook for more information.

**\_\_\_\_\_\_ Parent Handbook-**I have access to the Head Start and GSRP Parent Handbook that I can refer to for program information. This handbook can be found at [**www.nmcaa.net/family\_corner.asp**](https://www.nmcaa.net/family_corner.asp)**.** I can also contact the teacher for help with any questions.

**\_\_\_\_\_\_ Attendance-**I understand that it is important for my child to have regular attendance. I will strive to have my child attend 90% of the time. I am aware that absences will be monitored and that an Attendance Success Plan may be part of this process. If regular attendance cannot be maintained my child may be placed back on the waitlist.

**\_\_\_\_\_\_ Child Protective Services-**I understand that all staff and volunteers are required by law to immediately report any suspected abuse and neglect to ensure safety for children at home, school, and in their community.

**\_\_\_\_\_\_ Licensing Notebook-** I am aware that the center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at [**www.michigan.gov/michildcare**](http://www.michigan.gov/michildcare).

**\_\_\_\_\_\_ Health Requirements-**I understand to support my child’s growth and school readiness my child must have a current physical exam. LARA requires that a copy of this exam is onsite within 30 days from the first day of school.

**\_\_\_\_\_\_ Immunizations-**I am aware that my child must be up to date with their immunizations at the time of enrollment. If I want to decline immunizations, I understand that I will have to receive education regarding the benefits of vaccination and the risks of diseases from my local health department before obtaining the certified non-medical waiver prior to the first day of school.

**\_\_\_\_\_\_ Mental Health Support–**I understand that during the year, staff may consult on site or remotely with a mental health professional to explore the social and emotional wellness of my child and classroom interactions. Mental Health Consultant may utilize confidential swivel observations.

\_\_\_\_\_\_ **Educational Partnership-**I understand that I will partner with the teaching staff to help develop my child’s school readiness skills throughout the year. I am aware that an assessment will be completed on my child 3 times a year and information regarding the curriculum and assessment will be shared with me at parent teacher conferences and home visits that I participate in.

\_\_\_\_\_\_ **Developmental Screeners-**I understand that a developmental screening will be conducted for my child in the classroom. I understand that teachers will share the information with me in a timely manner.

\_\_\_\_\_\_ **Field Trips-**I am aware that I will be notified and asked to sign a permission slip prior to each field trip.

 \_\_\_\_\_\_ **Family Engagement-**I am aware that NMCAA staff value me as my child’s first and most important teacher, which allows for a supportive partnership to identify family interests, strengths, needs, and goals to support my family’s well-being. Staff will refer me to community resources and agencies in which I express interest. I am welcome to be involved in my child’s program and participate in family engagement activities, parent meetings/advisory committees, and workshop opportunities. I will be invited to participate in Learning Genie for family-school communication regarding school readiness and Family Engagement Activities.

 \_\_\_\_\_\_ **Safety-**I will support all safety procedures and practices by partnering with teaching and transportation staff (when transportation is available) to help children learn about safety. This will include discussing practices that can help keep children safe at home, school, and in transition from home to the program.

\_\_\_\_\_\_ **Emergency Contact-**I am aware that my child’s emergency information will be shared with all center personnel and public school

personnel (if applicable) to ensure that appropriate personnel have knowledge of all children in the program in case of an

emergency.

**PARENTS/GUARDIANS**

This signature documents my understanding and agreement to the above statements.

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Signature Print Name

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Enrolled Child’s Name Date

**Distribution:** Teacher completes at orientation. Original: Child’s File (L#5)

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