 **Head Start Orientation Training and Family Partnership Agreement**

At parent orientation I learned about activities my child and family will participate in, and received program policies that will help us be successful and feel safe at school. I agree to all below:

**Parent Initials**

**\_\_\_\_\_\_ Respect-**NMCAA honors DEIA (Diversity, Equity, Inclusion and Accessibility), which means that we create programming and

environments that are respectful. We are accepting of all people and their diverse backgrounds so that everyone feels valued and included. We appreciate that everyone is equal, and we avoid making assumptions about anyone. Program staff and families are expected to agree to be respectful to all children, families, and staff. By initialing, I agree to using kind words and actions, treating everyone with dignity. I agree that I will not say anything hurtful about the following:

* **race** (color of person’s skin)
* **ethnicity** (person’s cultural background & where they come from)
* **religion** (person’s beliefs and practices)
* **abilities** (what a person can or cannot do)
* **family structure** (different kinds of family’s people have)
* **body structure and physical traits** (how a person looks)
* **sexual orientation and whom someone loves** (who people are attracted to)
* **gender identity and how people identify themselves** (how people see themselves as male, female, or something else)
* **Education level** (how many years of education someone has)
* **Financial situation** (how much money someone has)

\_\_\_\_\_\_ **Confidentiality-**NMCAA values the privacy of children, families, caregivers, and staff. I agree not to share any personal information or details about others in the program. This may include child conversations and behaviors or staff and family information. I will not post information and/or pictures of students/families in the program on social media without staff permission.

**\_\_\_\_\_\_ 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 attend school regularly. 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 is needed when my child does not attend regularly. 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 of children.

**\_\_\_\_\_\_ Licensing Notebook-**I am aware 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, vision, hearing, blood lead, hematocrit/hemoglobin, and blood pressure to participate in preschool. LARA requires that a copy of this exam is onsite within 30 days from the child’s first day of school. I am also aware that my child must complete a dental screening.

**\_\_\_\_\_\_ Immunizations-**I am aware that my child must be up to date with their immunizations at the time of enrollment. If I do not want immunizations, I agree to reading education about the benefits of vaccination and the risks of diseases from my local health department before receiving the certified non-medical waiver prior to the first day of school.

**\_\_\_\_\_\_ Mental Health Support–**I may request mental health services for my family. I may be asked to consult on site or remotely with a mental health professional to explore the social and emotional wellness of my child. Mental Health Consultants may utilize confidential video observations.

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

\_\_\_\_\_\_ **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 Partnership Agreement-**I am my child’s most important teacher. I will take part in the Family Needs and the Family Outcomes Surveys; goal setting; Learning Genie (communication app); family events and workshops, and meetings. These activities support family strengths and needs and prepare children for school. Community resources are available to me.

\_\_\_\_\_\_ **Safety-**I will support all safety procedures and practices 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 staff and public school

staff (if applicable) 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 for HS/Blends. Original in Child’s File (L#4)

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