**COLVILLE TRIBES HEAD START PROGRAM**

PERMIT/AGREEMENT/CONSENT FORM

CHILD’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

**AGREEMENT WITH AND SUPPORT OF HEAD START PROGRAM** in order to ensure your child’s full benefits to the program, please indicate your agreement with the following policies ***by initialing*** each one:

**I understand and agree:**

|  |  |
| --- | --- |
|  | Head Start only dispenses medication with written medical permission and when there is no other feasible schedule for the parent/guardian. |
|  | It is important for families to get in the habit of checking hair for headlice each SUNDAY. Head checks will be completed as needed. Teachers will conduct daily health check to stay alert for signs and symptoms of lice. |
|  | Children left at the center after hours will be turned over to Children & Family Services after attempts to contact the emergency contacts or home have been made. |
|  | All Head Start employees are mandated by law to report any suspected abuse/neglect. |
|  | Mental Health is part of the program and a Mental Health consultant will conduct classroom observations and consultations to address teacher and individual child/family needs. |
|  | Each child is allowed 2 permanent location changes each year. Temporary bus changes will be the responsibility of the parent. |
|  | I understand and agree to the Intoxicated Care Taker Policy Guidelines |
|  | Colville Tribal Head Start uses Creative Curriculum, Second Step Social Emotional/Child Protection Unit, and Since Time Immemorial Curriculums. |
| **I agree:** | |
|  | …to allow staff to conduct home visits at my convenience and at a minimum I will receive two home visits per year by teaching staff. I will attend two Parent Teacher Conferences per-year. |
|  | …to assure my child’s attendance and understand the Attendance Policy as described at Parent Orientation and/or Home Visit. |
|  | …to notify the program immediately if the release of my child is someone different then indicated on my emergency contact sheet or on my application. |
|  | …to allow Head Start staff to apply sunscreen on my child with at least 15 SPF and agree to notify staff, in writing, if my child does have an allergy to sunscreen. |
|  | …to permit my child to have his/her picture taken or do a video of my child during school activities for possible display in the center, for annual calendar, for posters, for newsletter/news articles, media, social media and/or other matters pertaining to the Colville Tribal Head Start Program. |
|  | **SCREENING:** I permit my child to participate in the following Health Activities as required by Head Start Federal Regulations. I understand screening must be completed within 45 days of my child’s first day of entry into school and that I am encouraged to accompany my child to screening (Well Child/Health Screen) activities: Hearing, Vision, Developmental, Physical examination, Hematocrit, Nutritional assessment, Dental Screening, Lead testing, and Behavioral Health OR if my child has a recent health checkup, I will provide documents of recent screens or check-ups.  *Note: some screens will be completed at Head Start* |

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**