

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/ECEAP/EHS AGREEMENT FORM

Child's name _____ Birth date _____

I GIVE MY PERMISSION FOR MY CHILD TO:

YES NO

- 1. Have routine screenings (developmental, behavioral and general mental health observations) given as part of the school program.
- 2. Have routine health screenings (vision, hearing and growth assessment).
- 3. Brush teeth with a small smear of fluoride toothpaste.
- 4. Have photographs and videos used for newspaper, electronic media and educational displays.
- 5. Have photographs and videos used in the classroom.

I AGREE THAT:

YES NO

- 1. I agree that personal cell phone/camera/text use is prohibited in the classroom and during scheduled center activities, except for emergencies.
- 2. My child will receive immunizations as required by state law.
- 3. My child will have physical and dental examinations.
- 4. I have received the child blood lead level handout.
- 5. I have received a copy of the HS/E/EHS fluoride information handout.
- 6. My child will have regular classroom attendance or attend agreed upon HS/E/EHS activities. I will call the site if absent. **She/he will arrive and be picked up on time.**
- 7. Site staff may make home visits at my convenience. It is my responsibility to keep scheduled appointments.
- 8. I will provide transportation to and from HS/E/EHS.
- 9. I would like to be called about special HS/E/EHS events and activities. A volunteer may call as part of the parent "phone tree."
- 10. I have received copies of the HS/E/EHS Notice of Privacy Practices, the Center Disaster Plan, and Pesticide Use Information forms and have reviewed them with center staff.
- 11. Information has been shared with me about HS/E/EHS's policies and procedures, philosophy, and facilities.
- 12. N/A I will notify HS/E/EHS immediately of the registered sex offender status of anyone, including myself, who may access program premises or activities.

Signature of parent or guardian _____ Date _____

VALID FOR ONE YEAR FROM DATE OF SIGNING