



Family Partnership Agreement – Community ChildCare Partners

Welcome to CMCA Head Start !! Head Start is a high quality child AND family development program and we are committed to serving your family as much as we are to serving your child. CMCA Head Start seeks to form a strong “partnership” with each and every family in our program. Our partnership is based on respect, communication, sharing, and commitment. We offer our commitment to serving you based upon the expectations and dreams that you have for yourself and your family. This family partnership agreement documents the roles and responsibilities of both the parents and Head Start Staff.

As a Parent I will: (parent must initial each statement)

- _____ 1. I understand to be eligible for the EHS Community Childcare Partner program, I must maintain full time employment or school. I understand that my employer, or school, may be contacted to verify my employment status.
- _____ 2. I understand if my employment ends, I have 30 days to secure a new job or my child may not be eligible to participate in the EHS CCCP program, If openings are available in the homebase program, my child may be eligible to participate in that program should eligibility for the full day end.
- _____ 3. Provide an environment during home visits with as few distractions as possible (cell phone usage, television, pets, guests in home) while working with my child .
- _____ 4. Keep my CCCP CFDA up to date with any changes in addresses, phone numbers, or family situation.
- _____ 5. I understand that my participation during home visits is a requirement of the program. I will use the material(s) during home visits to work with my child. I am aware that the CCCP CFDA will assist me with any concerns regarding my child.
- _____ 6. I understand that per program requirements every enrolled child must have updated well child exams, immunizations, etc. I agree to keep all of my child’s health events (physicals, dentals, immunizations, etc) up to date and inform staff of all scheduled appointments.
- _____ 7. I understand that EHS CCCP staff are required by law to report any suspicion of child abuse or neglect.
- _____ 8. I must actively participate in my child’s early education by completing 4 homevisits and 2 Parent Teacher Conferences each program year.
- _____ 9. Be aware of the many ways that I can be involved as a parent in the EHS Community Child Care Partners program (parent meetings, Healthy Smiles, I CAN, policy council, volunteering, etc).
- _____ 10. Set goals for my child and family. I understand that my CCCP CFDA will help me by providing activities, resources or referrals to accomplish my goals.
- _____ 11. I understand that I am responsible for copays.
- _____ 12. I understand that I must follow the rules established by the Childcare center specific to licensing, safety and health regulations

Parent Signature / Date

Staff Signature / Date