



Site _____

Spokane Colleges Head Start /ECEAP Continuing Enrollment Agreement

Child's last name _____ First _____ M.I. _____

Birth date _____ Name of Spokane Colleges student (if applicable) _____

Parent/guardian last name _____ First _____ SID _____

Address _____ Phone number _____

City _____ State _____ Zip _____

☐ HS ☐ EHS Classroom number _____

Agreement beginning date _____ Review date (30 days) _____

Minimum 3.5/maximum 4 hours per day: _____ a.m. to _____ a.m. / p.m.

Reason for agreement: _____

Review comments: _____

NOTIFICATION CLAUSE: It is the responsibility of the parent/guardian to notify their Family Service Coordinator (FSC) if any of the above circumstances change. Child Care fees remain in effect for hours of attendance that exceed this agreement.

SIGNATURES

Parent/guardian	_____	Date	_____
Center manager	_____	Date	_____
FSC	_____	Date	_____
Fiscal specialist	_____	Date	_____
Director of Ops	_____	Date	_____

Initials and date scanned into ChildPlus

REVIEW DATES (Initial and date)

		30 days / end of 1 st quarter	60 days / end of 2 nd quarter
Parent/guardian	_____	Date _____	Date _____
Center manager	_____	Date _____	Date _____
PSC	_____	Date _____	Date _____
Fiscal specialist	_____	Date _____	Date _____
Director of Ops	_____	Date _____	Date _____

AGREEMENT LIMITATION: This agreement shall not extend beyond 60 days without prior approval from the Director of Operations. For families who are Spokane Colleges students, this agreement may not extend beyond 2 quarters without prior approval from the Director of Operations.