

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).
4. Have their photographs and videos used for newspaper, electronic media and educational displays.
5. Have their photographs and videos used in the classroom.

I AGREE THAT:

YES NO

1. Personal cell phone/camera/text use is prohibited while attending Stay n Play Socializations and during scheduled center activities, except for emergencies.
2. I have received copies of: **blood lead level handout, Fluoride information handout, Notice of Privacy Practices, Parent Handbook, WIC information, USDA information and pedestrian safety information**
3. I understand that I will be provided access to the Center Disaster Plan and pesticide use information by center staff.
4. Information has been shared with me about HS/E/EHS's policies and procedures, philosophy, and facilities.

My child will receive:

5.
 - Immunizations required by state law,
6.
 - Well-child and dental exams,
7.
 - And any follow up treatment as required from exams.
8. I will assist my child with brushing their teeth while at socializations with small smear of fluoride toothpaste for children over 1 year of age. For children ages birth to one, a designated cloth will be used for swabbing their gums.
9. I understand that attendance in the home visiting program is important. The program requires that I complete 46 home visits per year. Home Visitors will make home visits at my convenience. It is my responsibility to keep scheduled visits and to contact my Home Visitor to cancel and to reschedule the missed visit. If staff has to cancel a visit, they will offer alternate times to make up the visit.

- 10. Home visits will last 90 minutes one time per week. I understand that my child and I will both need to be dressed, awake, and ready to participate, with space prepared for use during the home visit.
- 11. I am an active participant in planning and participating in each home visit, setting goals for my child's learning and development and for setting my family goal with my home visitor.
- 12. I will not smoke during a home visit. I will be aware of your comfort level with pets, other allergens, and perfumes during the home visit. I will confine my pet in another area during the visit as requested by the home visitor.
- 13. My child and I will attend socializations. I will contact the center in the event we will not be attending. I have received a yearly schedule from my home visitor.
- 14. I will transport my child to Socializations, parent meetings and parent activities. If I need a bus pass, I can ask for one.
- 15. I understand that my home visitor and other HS/E/EHS Staff are mandated reporters and will report any suspicions of child abuse and/or neglect to the proper authorities. My home visitor does not have to notify me that they have made a report.
- 16. N/A I will notify my home visitor or HS/E/EHS immediately of the registered sex offender status of anyone, including myself, who may access program premises, activities or in the home.

Signature of parent or guardian _____

Date _____

VALID FOR ONE YEAR FROM DATE OF SIGNING

White – Emergency Notebook

Yellow – File Copy

Pink - Parent