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| CCS-logoweb | | | | | | | Spokane Head Start/ECEAP/EHS  COMMUNITY ENROLLMENT AGREEMENT | | | | | | | | | | | | |
| Site |  | | | | | | | | | | | | | | | | | | |
| Child’s last name | | | | |  | | | | First name | | |  | | | | Middle | | |  |
| Child’s date of birth | | | | | |  | | | Name of CCS student (if applicable) | | | | | | |  | | | |
| Parent/guardian | | | |  | | | | | | | | | ctcLink no (###-###-###) | | | | |  | |
| Address | | |  | | | | | | | | | | Phone number | |  | | | | |
| City | |  | | | | | | | | | State |  | | | ZIP | | | |  |
| HS  EHS | | | | | | | | Classroom number | |  | | | | | | | | | |
| Agreement beginning date | | | | | | | |  | | | Expiration date (end of program term) | | | | | |  | | |
| I understand and agree by enrolling in a community slot the term of enrollment at \_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_(site) expires at the end of the program term. As a Head Start/Early Head Start parent, I can request a transfer to another site. I will discuss my interest in continuing enrollment, prior the expiration date with the Family Service Coordinator or Center Manager. | | | | | | | | | | | | | | | | | | | |
| Continuing enrollment comments | | | | | | | | | | | | | | | | | | | |
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| **NOTIFICATION CLAUSE: It is the responsibility of the parent/guardian to notify their Family Service Coordinator (FSC) if any of the above circumstances change. CCS 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 |  | | | | |