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| CCS-logoweb | Spokane Head Start/ECEAP/EHSCOMMUNITY 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 |       |