



# 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Center manager \_\_\_\_\_ Date \_\_\_\_\_

FSC \_\_\_\_\_ Date \_\_\_\_\_

Fiscal Specialist \_\_\_\_\_ Date \_\_\_\_\_