



Spokane Head Start/Early Head Start PARENT PROXY CARD AGREEMENT

Center _____ Parent/Guardian Last Name: _____
 Address _____

Dear Parent/Guardian,

You are being issued this **PROXY** card to allow entry into the childcare facility while your child is enrolled. This system was put in place to increase the security of our building.

This card is the property of the **Community Colleges of Spokane** and needs to be returned to our center when your child(ren) is no longer enrolled. It is for your personal use and is not intended to be loaned to other family members. There are staff members available to help for occasional pick-up situations. To maintain a secure building, please **do not open the door for other people**.

If your child's pick up/drop off is shared with another family or household member, **ONE** additional card may be requested. This person must also be listed on your child's Emergency Contact Information Form. The parent of the enrolled student is responsible for this second card and will be charged if it is not returned when services with us are discontinued. Please complete below if an additional card is needed:

PLEASE NOTE: It is your responsibility to notify the center **IMMEDIATELY** if you lose your card, so your card can be removed from the system. A **\$5.00 non-refundable fee** will be charged for all replacement cards.

KEY AGREEMENT:

- I agree to use assigned PROXY card for official Community Colleges of Spokane (CCS) purposes only.
 - I agree to maintain PROXY card in a secure and responsible manner.
 - I will not allow an unauthorized person to use the PROXY card assigned to me. Violations will be addressed, and disciplinary action will be taken.
 - I agree that upon separation, I will return the PROXY card(s) issued to me to the office of the center listed above. **I understand that I will be charged a \$5.00 non-refundable fee for the replacement of any lost cards.**
- I agree that if a pattern of non-use becomes persistent, I will be issued a new PROXY Card, incurring a **non-refundable fee of \$5.00.**

Parent/Guardian Name (please print): _____

Print Name(s) & Classroom # of enrolled children: _____

Signature of Key Holder: _____

Issued by: _____		Date issued: _____	
PROXY card # (last four digits): _____		Date returned: _____	
Name of person authorized to have a 2 nd PROXY card: _____			
Relationship to enrolled student: _____			
PROXY card # (last four digits): _____		Date issued: _____	
Staff initials: _____		Date returned: _____	
Re-Issue Date: _____	New PROXY #: _____	Reason: _____	
Re-Issue Date: _____	New PROXY #: _____	Reason: _____	
Re-Issue Date: _____	New PROXY #: _____	Reason: _____	
Re-Issue Date: _____	New PROXY #: _____	Reason: _____	