Child’s Full Name:

My signature below indicates that I have received the following information prior to the start of the Head Start School Year.

I UNDERSTAND I AM RESPONSIBLE FOR FAMILIARIZING MYSELF WITH THE INFORMATION OUTLINED IN THE HANDBOOK. I WILL ASK QUESTIONS I MAY HAVE CONCERNING ITS CONTENTS AND WILL COMPLY WITH ALL POLICIES AND PROCEDURES TO THE BEST OF MY ABILITIES.

☐ - Overview of Program Service Hours

☐ - Head Start Parent Handbook Including the Following Information
  ☐ - At-A-Glance Calendar
  ☐ - Daily Schedule – Full Day and Part Day
  ☐ - Early Learning Framework
  ☐ - Goals of the Head Start Curriculum
  ☐ - Creative Curriculum: Goals and Objectives
  ☐ - Ages & Stages Questionnaire 3rd Edition
  ☐ - ASQ-SE Ages & Stages Questionnaire Social – Emotional 2nd Edition
  ☐ - Conscious Discipline: The Seven Skills
  ☐ - CACFP: Building for the Future Child & Adult Care Food Program
  ☐ - Healthy Snack Options
  ☐ - It Shouldn’t Hurt to be a Child
  ☐ - WIC Fact Sheet
  ☐ - School Readiness and Child Development

☐ - Back to School Bus Safety Tips

☐ - Rules for Getting On and Off the School Bus Safely

SIGNATURE

Parent Signature: Date: