

# SEQUATCHIE VALLEY PLANNING & DEVELOPMENT AGENCY

## HEAD START PERMISSION/AGREEMENT FORM

\_\_\_\_\_ has my permission to receive one or more of the following services.

(Child's name)

**Specific information will be provided as needed, and parents are encouraged to participate in all activities.**

1. Secure needed exams and dental treatment to be documented for Head Start.  
 On my own     With help getting appointment date     Help w/ transportation & appointment  
 May need HS to arrange most serious appts (detail) \_\_\_\_\_  
 Need help understanding what to do
2. Transportation to and participation in field trips which will enhance my child's education, including neighborhood walks and visits to the parks in our community. Specific permission about out of area trips will be secured. YES NO
3. Have school pictures, snap shots, slides and videotaping done in the center or in center activities. YES NO
4. Use the above pictures for publicity on TV, radio, displays at meetings, newspapers or for training purposes. YES NO
5. Members of the Head Start staff have my permission to make home visits regarding my child, providing educational materials and family partnership's assistance. YES NO  
 Unsure, need more information

\*\*\*\*\*  
 The following areas need your involvement and may need explanations - please respond by indicating a yes or no.

I agree to do the following:

- A. Accompany my child on trips to the doctor, dentist, or other medical provider. YES NO
- B. Be a volunteer - on the bus (after training), in the classroom, completing home activities, at Clean-up Day, by planting a garden or flowers, minor repair projects, help with volunteer/child recruitment. YES NO
- C. Assist in planning/suggesting activities in the Head Start curriculum development. Volunteer a special talent, interest or hobby. YES NO
- D. Participate in a minimum of two parent conferences and two educational home visits to discuss my child's development and education. YES NO
- E. Work as a partner to provide information and relate observations and concerns about my child's mental health to Head Start staff. YES NO
- F. Participate with staff in developing what we call a "family partnership" to set goals. YES NO
- G. Assist in volunteer activities such as community assessment process which helps the program look at what the community needs. YES NO
- H. Help strengthen my community by making it aware of unmet interests & needs with the help of the Head Start staff, serve as an "advocate" for children. YES NO
- I. Participate in my center Parent Committee, Policy Council, or special advisory committee. YES NO

\*\*\*My name and phone number may  or may not  be given to other parents who volunteer to call concerning parent meetings and events.

Parent explained to \_\_\_\_\_, witnessed by \_\_\_\_\_ on \_\_\_\_\_

Parent / Guardian Signature

Staff Signature

Date

Distribution:

Original - HSO

Copy - Center File

(WP I:Office/Data/Form/enrollmt/Permis)

Rev. 06-02