

2ND YEAR ENROLLMENT PACKET

Child Name _____

Unit _____

Please check (✓) when form is completed

- Acceptance Letter
- School Reach Form/Phone Information form
- Emergency Contact/Permission to Release Child
- Medical Home Page
- Dietary Habits
- Release of Information-Permissions-Consents
- Standards of Conduct and Volunteer Confidentiality/Volunteer Registration
- The Child and Adult Care Food Program/WIC
- Safety on the Playground
- Family Service Assessment/Partnership Agreement/Engagement Outcomes

Pending:

Physical Date: _____
Provider

If not completed

Lead Screening: _____
Provider

Pending

Dental Date: _____
Provider

Our Agency Participate in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meal served to your child(ren). **Please circle which session your child(ren) will attend.**

AM Session (AM Snack and Lunch)	Full Day (AM Snack, Lunch and PM Snack)
PM Session (Lunch and PM Snack)	Home Based (Meal or Snack)

SCCD, Inc Parent/Volunteer Handbook Reviewed

**South Central Child Development, Inc.
Standards of Conduct and Volunteer Confidentiality Agreement**

This is to certify that I, _____, as a volunteer with South Central Child Development, Inc am aware of the Head Start Standard of Conduct, the rules of confidentiality and child abuse and neglect as outlined in the Parent/Volunteer Handbook of the Head Start Program.

I am aware that any information written, verbal or observed, regarding a child and/or family is considered to be confidential and is not to be shared outside this Agency or with other parents and volunteers.

Parent/Guardian's Signature _____

Date _____

Head Start Staff's Signature _____

Date _____