

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

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 _____