

# Head Start Family Enrollment Packet Form

Child Name \_\_\_\_\_

Unit \_\_\_\_\_

### Please check (✓) when form is completed

- |   |  |
|---|--|
| <input type="checkbox"/> Release of Information-Permissions-Consents                              | <input type="checkbox"/> School Reach Form/Phone Information form      |
| <input type="checkbox"/> Ages & Stages Questionnaire (as needed)                                  | <input type="checkbox"/> Emergency Contact/Permission to Release Child |
| <input type="checkbox"/> Family Service Assessment (Emergency Needs)                              | <input type="checkbox"/> Medical Home Page (as needed)                 |
| <input type="checkbox"/> The Child and Adult Care Food Program/WIC                                | <input type="checkbox"/> Dietary Habits                                |
| <input type="checkbox"/> Supporting Adults & Enrollment Information Form                          |  |
| <input type="checkbox"/> Standards of Conduct/ Volunteer Confidentiality/Volunteer Registration   |  |
| <input type="checkbox"/> Parent committee & PALS Attendance Survey - <u>Completed in the Fall</u> |  |

### The Following is available upon request or on our web page (sccdinc.com)

- Family Health Guide
- Menu Planner
- Resource Directory

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)

Physical Date: \_\_\_\_\_

Dental Date: \_\_\_\_\_

Clinic/Doctor: \_\_\_\_\_

Clinic/Doctor: \_\_\_\_\_

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 \_\_\_\_\_