

Tri-County Head Start/Early Head Start

Home-Based Parent Partnership Agreement

Child's Name: _____

The following agreement is valid for the duration your child is enrolled in the Early Head Start program. We reserve the right to modify this agreement without prior notice.

- ___ 1. I agree to work with my EHS Home Visitor to set a time that best meets my EHS worker and my schedule.
- ___ 2. I agree to meet with my EHS worker a minimum of 44 times per year. Two socialization events are planned each month at the center and/or other various locations and I agree to attend these socializations.
- ___ 3. I agree if I have to reschedule a visit with my EHS worker, I will let them know at least 24 hours in advance. If an emergency arises, I will contact my EHS worker as soon as possible prior to the visit.
- ___ 4. I agree to supply a current copy of my child's immunization record to be kept on file. I understand that my child could be dropped from the program if their immunization and well child checks are not met. I understand that it is my responsibility to keep up with shots and provide copies to my EHS worker. I understand that my EHS worker will work with me to overcome any barriers in keeping my child's health needs up to date.
- ___ 5. I agree to keep my phone numbers up to date at all times. I will also supply an emergency name and telephone number of a contact person if I am unable to be reached.
- ___ 6. I understand that it is my responsibility to notify EHS staff when there is a problem or concern with my child. I understand the staff can help me only if I tell them about my problem.
- ___ 7. I understand that my EHS worker is my first line of contact at the center. I will call them to discuss my concerns with them.
- ___ 8. I agree to act in partnership with the Early Head Start program. I understand that the program **will not be able to hold a space in the program if I miss two or more visits without contacting my EHS worker to reschedule our time together.**
- ___ 9. I agree to support the Early Head Start program by my participation. This includes:
 - Accepting Home Visits
 - Attending Early Head Start Parent Meetings
 - Attending Socializations

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- ___ 10. I agree to volunteer at Early Head Start whenever possible.
- ___ 11. I agree to participate with my EHS worker in setting short and long-term goals for my child(ren) and family and work toward these goals.
- ___ 12. When participating in socialization activities, I agree to follow the guidelines set for the Early Head Start and Head Start programs outlined in the Parent Handbook.

I understand and have initialed each statement above and will abide by the Parent Partnership

Agreement for the duration of my child's enrollment in the Early Head Start Home Visitor Program.

Signature of Parent/Guardian

Date

Signature of Staff

Date