

LETTER OF AGREEMENT*

WELCOME TO HEAD START! Umatilla-Morrow Head Start, Inc. is a program designed to involve parents in the social, emotional and educational development of their children.

We want to work together with you to make this year's program a success for your child(ren).

PARENTS

1. I will attend monthly Parent Center meetings.
2. I will plan and participate in home visits on a scheduled basis and notify my home visitor in advance when I am unable to keep the appointment.
3. I will read all notes that are sent home and return completed forms promptly.
4. When transportation is not provided, I will make sure my child is on time for class and picked up on time.
5. I will volunteer at least _____ hours per month in the area of the program which best fits my skills, interests and time.
6. For the sake of the other children and my own, I will keep my child home when she/he is sick.
7. I will observe the UMCHS tobacco free policy and refrain from using tobacco products on agency grounds and during home visits.
8. I will schedule and complete the required well child and dental exams. I will notify my home visitor of appointment dates and cooperate to resolve obstacles for completing exams, if needed. I will notify my providers in advance, if I am unable to keep my appointment.
9. I will schedule and complete a Nutrition Assessment for my child with the local WIC office.
10. I will participate in my child's education and share in planning appropriate goals.
11. My family and I will participate with my home visitor in developing our Family Partnership Agreement.
12. I will treat staff, parents and children with respect and courtesy.
13. I will have access to the Parent Education training schedule through my center or at umchs.org.

UMCHS STAFF

1. We will recognize that you are your child's first teacher.
2. We will provide transportation (except in Full Day and Home Base) and child care for Center Day.
3. We will schedule home visits in advance, and arrive on time.
4. We will keep parents informed verbally and in writing of program information.
5. We will support parent involvement at all levels and provide opportunities to volunteer.
6. When your child becomes sick at school, we will contact you or your emergency number to insure that your child will be cared for.
7. We will provide necessary health and dental information and support you in your efforts to participate in the health care of your child and family.
8. We will provide a developmentally appropriate program for families and children and act as a resource for information regarding the development of appropriate goals.
9. We will help you secure resources and services to meet your Family Partnership goals and emergency or crisis needs.
10. We will treat parents, children and staff with respect and courtesy.
11. We will provide you with Parent Education resources or guide you to our website umchs.org.

Parent _____ Staff _____ Date _____

Annual Review: _____ (parent initials) _____ (staff initials) _____ (date)

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