



Alachua County Public Schools  
**Head Start/VPK Program**  
**Family Partnership Agreement Part 1**

Parents/Guardians: Please read the program expectations below and initial each indicating that you agree to these policies. If you have any questions, please speak with a head Start staff member immediately.

Initials Here

- 1) \_\_\_\_\_ **School Hours:** I understand that school hours are Monday through Friday 7:30 a.m. to 2 p.m. except on Wednesdays which is 7:30 a.m. to 12:30 p.m. I agree to have my child in school every day unless he/she is ill. I also agree to have my child in school on time and picked up from school on time.
- 2) \_\_\_\_\_ **Attendance:** I understand that extended trips or vacations are not excused absences. Such planned absences must be discussed, documented and approved by the Head Start office in advance. I also understand that failure to comply with attendance policies (excessive absences or tardies) may result in my child being withdrawn from the program.
- 3) \_\_\_\_\_ **Illnesses:** I agree to contact my child’s teacher in the event that he/she is ill. I agree that in the event of extended illness, I will be required to submit documentation from my child’s medical provider.
- 4) \_\_\_\_\_ **Contact Information:** I agree to notify the Head Start office of any changes in my phone number and/or provide proof of new address should our family move.
- 5) \_\_\_\_\_ **Immunizations:** I agree to keep my child’s immunization record up to date and will submit updated immunization records to the Head Start office in a timely manner. I understand that my child cannot attend school if the immunization record has expired.
- 6) \_\_\_\_\_ **Physical Exams:** I understand that my child is required to have a current physical examination (less than one year old) on file at all times.
- 7) \_\_\_\_\_ **Health Screenings:** My child may participate in all health screenings which may include vision, dental, hearing, mental, developmental screenings or treatments that are provided as part of the Head Start program.
- 8) \_\_\_\_\_ **Home Visits:** I will allow staff to make home visits during the school year, as needed, at my convenience.
- 9) \_\_\_\_\_ **Family Partnership Agreement Part II:** I agree to meet with my Head Start Family Liaison Specialist to complete and sign Part II of the Family Partnership Agreement within 30 days after my child begins school.
- 10) \_\_\_\_\_ **Parent Involvement:** I understand I am expected to attend monthly parent meetings, classroom activities and to volunteer in the Head Start program.
- 11) \_\_\_\_\_ **Field Trips:** I will sign and return to the classroom, the permission slip for my child to accompany her/his class on all scheduled field trips.
- 12) \_\_\_\_\_ **Educational Services:** I agree to participate with the teacher in the planning of the educational program for my child.
- 13) \_\_\_\_\_ **Pictures & Videos:** I agree that any picture or videos taken of my child may be used in bulletin boards, displays, newspapers or other types of educational publications.
- 14) \_\_\_\_\_ **Child Abuse:** I understand that program staff are required by law to report any evidence of suspected child abuse or neglect.

I have read and understand the above agreements.

\_\_\_\_\_  
*Parent / Guardian’s Signature*                      \_\_\_\_\_ *Date*                      \_\_\_\_\_ *Head Start Employee Signature*                      \_\_\_\_\_ *Date*