# Enrollment and Family Partnership Agreement

Name _____ Birthday _____ Location _____

Date _____ Parent/Guardian Name: _____

I, parent or legal guardian of the child listed above, enter into this contract in good faith with the Butler County Educational Service Center (BCESC) Early Childhood Programs understanding and agreeing to support my child's and family's activities in the following ways:

1. To participate in Family Orientation, where I will receive and sign for my Program Handbook.
☐Yes
☐No

2. To participate in conferences and/or home visits scheduled at my convenience.
☐Yes
☐No

3. To contact the center to cancel conference/home visit appointments when I cannot be home.
☐Yes
☐No

4. To schedule and complete a medical/dental exam for my child and any follow-up care, as needed, as required by the Health Service area. The State of Ohio licensing requires a physical exam and current immunizations to be completed within 30 days of the child's first day of class. The BCESC Early Childhood Programs also requires an annual dental examination. I understand that not getting these examinations could result in my child being unable to attend class.
☐Yes
☐No

5. To support the attendance policy as found in the Program Handbook by:
a) sending my child every day he/she is a well child; b) contacting the center whenever my child is unable to attend c) or contacting the home visitor when a planned visit must be cancelled
☐Yes
☐No

6. I understand that I have a responsibility to report correct and updated information. I am responsible for giving complete and correct information about myself and members of my household. I have included all supporting documentation and verifications with my completed application. I will report to the BCESC Early Childhood Programs as soon as possible or within 2 days, any change in my circumstances, such as any household members, insurance coverage changes, income changes, TANF assistance changes, childcare subsidy changes, address changes, household member changes, employment or job training/school changes, phone numbers, emergency contacts or custody changes.
☐Yes
☐No

7. I hereby authorize the staff of the Butler County Educational Service Center (BCESC) Early Childhood Programs and persons authorized by them to take photographs, digital images, audio recordings, of my child at activities in which BCESC Early Childhood Programs are participating. I further agree that the photographs, images, and recordings may be used by BCESC Early Childhood Programs for yearbooks, newspaper articles, displays, social media, website, annual reports or any other type of publication that the BCES Early Childhood Programs finds beneficial to their program operations or the education of their staff or students. I understand that this release is valid for the duration of my child's enrollment at the BCESC Early Childhood Programs or as otherwise noted.
☐Yes
☐No

I understand the items above are the minimum levels of commitment necessary for my child and family to participate in the BCESC Early Childhood Programs. Failure to comply in these areas can result in your child not being allowed to attend class.
☐Yes
☐No

In keeping with BCESC Early Childhood Programs philosophy, assistance will be offered to all families to determine areas of strengths and resources. The Family Partnership Plan consists of goal planning for the child and family, identifying a plan of action, and accomplishments of goals. In order to begin this process, I will complete the survey to determine family strengths, needs, and resources in use.

☐Yes
☐No

**General Release**

I hereby agree to allow my child to participate in all BCESC Early Childhood Programs activities, including education, health, nutrition, and development screenings, and further agree to hold the Butler County Educational Service and its employees exempt from all liability for any and all injuries or damages suffered by said child during participation in the program.

☐Yes
☐No

**Confidentiality Policy:**

I understand that any information supplied to BCESC Early Childhood Programs by me, or by agencies that provided services to me or my child(ren), will be treated as confidential information and will be shared with other Butler County Educational Service Center staff and contracted agencies in a professional and confidential manner. I further understand that this information will be used to complete the BCESC Early Childhood Programs health record of my child, and to develop health, educational, or social services for him/her. In order to share or receive necessary information on an individual child, BCESC Early Childhood Programs will request that a separate Release of Information be signed. I understand that this release will be valid for the duration of my child's enrollment at BCESC Early Childhood Programs or as otherwise noted.I understand this agreement documents the good faith of both the family and the Butler County Educational Service Center Early Childhood Programs to work together in ensuring that the minimum standards for Early Childhood Programs are achieved.

☐Yes
☐No

**Release and Exchange of Information Authorization**

I hereby authorize the Butler County Educational Service Center (BCESC) Early Childhood Programs and my child's school district to share educational and developmental information regarding my child's transition to school. I also authorize BCESC Early Childhood Programs and my child's school district to share Kindergarten Readiness Assessment and 3rd Grade Assessment data. I further agree that BCESC Early Childhood Programs may utilize this information for statistical and non-identifiable purposes to benefit planning, curriculum, and program development at the local, county, state, and/or federal level. I understand that this release is valid through the end of my child's third grade school year, unless otherwise noted.

☐Yes
☐No

**Emergency Transportation Authorization**

I give BCESC Early Childhood Programs permission to transport my child by ambulance to (hospital or clinic) for emergency medical care, or to (dentist/clinic) for emergency dental care, or to the nearest available facility.

☐Yes
☐No

**Parent/Guardian Signature**

**Staff Signature**