**Initial Start Date (Office use only): ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROCK-WALWORTH COMPREHENSIVE FAMILY SERVICES INC.**

**HEAD START AND EARLY HEAD START**®

***Serving Rock & Walworth Counties***

**FACT SHEET**

Class Code: \_\_\_\_\_\_ Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian(s) that child lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (Apt. #) (City) (Zip) Circle Please: Home Cell

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Parent/Guardian)

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Second Parent/Guardian)

If we are unable to contact parent/guardian in the case of an emergency, or your child needs to return home from Head Start/Early Head Start before the end of the scheduled day, we will contact the adults you have authorized in the order you have listed.

**AUTHORIZATION: For the safety of your child/ren, only adults (AGE 18 OR OLDER-**exceptions will be made for minor parents of Early Head Start Children), **authorized by parent/guardian** may come to the center to pick up children or receive them when the bus drops them off. These adults **MUST** be able to show a valid picture ID, as these are the **ONLY** people your child will be released to. These adults can pick up your child at a center **without** prior authorization from you, **after showing staff a valid picture I.D.** Be sure to **include everyone** who may need to pick your child up including, but not limited to:

**The other Biological Parent Significant Other Step Parent (s) Child Care Providers Grandparents**

**Additional Adult Contacts (Must be 18 or older):**

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| **Call 1st: Call 2nd:**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please circle: Home Work Cell Please circle: Home Work Cell** |

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| **Call 3rd: Call 4th:**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please circle: Home Work Cell Please circle: Home Work Cell** |

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| **Call 5th: Call 6th:**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please circle: Home Work Cell Please circle: Home Work Cell** |

**Turn over – complete back page please**

**Parent/Guardian Consent (Please check each of the following items): Y N**

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| **1. I authorize Head Start/Early Head Start to share my phone number with other Head Start/Early Head Start**  **classrooms, Center Committees and Policy Council.** |  |  |
| **2. I authorize Head Start/Early Head Start to include information about my child/family in the Head Start/Early**  **Head Start Program Newsletters. I understand that the Parent Newsletter is distributed to program staff, enrolled**  **families, and community partners. This information may include, but not limited to child/family name, child/family**  **photographs, and child/family achievements or successes.** |  |  |
| **3. I authorize my child to participate and accompany his/her class on field trips and authorize Head Start/Early Head**  **Start to transport my child in order to participate. Please note: Families will be notified before field trips with**  **details of the event, parents/guardians are encouraged to attend, whenever possible.** |  |  |
| **4. I authorize Head Start/Early Head Start to transport my child to and from the center. Transportation for Early**  **Head Start would be for socializations ONLY.** |  |  |
| **5. I authorize Head Start/Early Head Start to take my child on walk-abouts, a distance of four blocks or less from the**  **Head Start/Early Head Start Center. Activities may include collecting science items (like leaves) or taking a walk to**  **a nearby park to play. (A notice of classroom destinations will be posted on the classroom door.)** |  |  |
| **6. I authorize Head Start/Early Head Start to administer health screenings (height, weight, blood pressure, hearing,**  **vision) and administer developmental screening assessments and arrange observations with consulting agencies.** |  |  |
| **7. I authorize Head Start/Early Head Start to have a qualified health care professional conduct a physical and/or**  **dental exam and fluoride varnish (if appropriate and available) on my child, in accordance with Federal health**  **requirements for the Head Start/Early Head Start program, in the event that these services are available.** |  |  |

***It is very important that you complete the following information.***

**PERMISSION IS VOLUNTARY: It is your right to change this consent form at any time by contacting your Family Resource worker, Family Advocate, and/or Classroom Teacher.**

**Parental/Guardian Permission for Emergency Care:**

**-I give my permission for the Head Start/Early Head Start program and related staff, in the performance of their duties, to perform basic first aid/CPR for my child or call for emergency transportation (ambulance/paramedic) and provide/release emergency information, in the case of an emergency. If professional medical care is needed, I understand I will be responsible for payment.**

**- All children that are participating in our Head Start/Early Head Start programs may be transported to an alternative location in case of an emergency situation, if their center were to become unsafe. Parent/Guardian would be notified of such an emergency.**

**- I understand it is my obligation to inform Head Start/Early Head Start of where I am while my child(ren) is in the Head Start/Early Head Start classroom.**

**Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name/Address of Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I release CFS Head Start/Early Head Start or any above mentioned agencies and their staff from any legal liability for giving or obtaining information which I have permitted by signing this form. I understand that this Fact Sheet information will remain confidential and that the information will be used for the benefit of my Head Start/Early Head Start child. (This consent is valid for one Program Year from date of parent/guardian signature.)**

**Confidentiality Statement: Information shared with Head Start/Early Head Start will be kept strictly confidential unless its release is authorized in writing. These forms will be maintained in locked files. I would like a copy of this consent form:**

**Yes No**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed 06/10**