

Appendix H: Parent/Family Contract

Child's Full Name: _____

Name of Class: _____ County: _____

Lead Teacher: _____

The intent is for your child to gain the greatest possible benefits from this preschool experience. As space is limited, selection to the program is a privilege that requires parental responsibilities. Each parent/family is asked to carefully consider the following requirements for participating in the program. Your signature will acknowledge that you understand and agree to abide by these guidelines.

I agree to:

- Attend an orientation session at the beginning of the school year
- Attend two scheduled family conferences (one per semester)
- Attend additional conferences when requested to discuss my child's progress
- Complete a minimum of 12 hours of parent involvement
- Have my child at school by ____ a.m. (Children are not admitted into the building before ____ a.m.)
- Pick up my child at ____ p.m. (Children must be picked up no later than ____ p.m.)
- Send a written parent/doctor excuse to my child's teacher for every absence
- Submit all required forms and documentation to my child's teacher by given deadlines, such as the ASQ-3 Developmental Screener. (This screener is entered into the Enterprise Data Base System and may provide your family with connections to resources/support to benefit your child/family. Your child's teacher will provide instructions on the completion of the ASQ-3).
- Assume responsibility for my child's conduct and progress
- Work cooperatively with my child's teachers and other site personnel
- Give DECE permission to assess and follow the academic performance of my child
- Give permission to use my child's demographic information for DECE reports and publications (no identifiable information will be directly associated with your child).
- Give permission for my child to receive any additional assessments administered for the OSR program

I understand that this program is voluntary and that as the parent/guardian it is my responsibility to adhere to this Parent/Family Contract and to work with the First Class Pre-K program to resolve any issues that may arise during the school year.

Parent/Guardian Signature: _____

Date: _____

