

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 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 First Class Pre-K program

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

Parent/Guardian Signature: _____

Date: _____

