

**EHS Parental Consent and Acknowledgement**

At this enrollment visit, I parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have learned about program policies that will keep my child safe and healthy in order to promote a strong foundation for growth and development. My initials next to each item below indicate my acknowledgement and consent.

**Developmental and Health Screenings/Assessments**

I give my consent for the following screenings and assessments to be performed and understand that screening and/or assessment results will be shared with me in a timely manner

\_\_\_\_\_\_ Ages and Stages Questionnaire (ASQ-3) \_\_\_\_\_\_ Devereaux Early Childhood Assessment Infant/Toddler (DECA I/T)

\_\_\_\_\_\_ Teaching Strategies GOLD online assessment tool

I understand that a healthy child is a child that is ready to learn and grow! Required screenings, immunizations, and any health and/or dental follow-up treatments for my child are requirements for participation in the Early Head Start program. My home visitor will support me in accomplishing these requirements as well as make arrangements for payment if necessary.

**Learning Genie**

\_\_\_\_\_\_ 25% of our Head Start funding comes from you! Upon enrollment my child/family will be entered into Learning Genie. This app will support communication and will allow my home visitor to assign activities to do with my child in our home. Recording the time spent doing these activities in Learning Genie, along with documenting miles and time traveling to required health appointments supports our funding!

**Consultation**

\_\_\_\_\_\_ I understand that throughout the program year, my home visitor will consult with a mental health professional to learn how to best promote social-emotional wellbeing and mental health of families and children. I will have access to mental health services upon request.

**Media/Gift Release**

\_\_\_\_\_\_ I grant permission to have pictures/videos taken of my child and/or family. These pictures may be used in displays, bulletin boards, recruitment, community news, educational publications and stories. *This release does not allow for NMCAA to use children’s pictures on any social media.*

\_\_\_\_\_\_ Throughout the year staff may release my name, address, and/or phone number to agencies/organizations that might offer a gift/contribution to my child and/or family. *(Gifts/*contributions may not always be available)

**Mandated Reporter/Parent Handbook Review**

\_\_\_\_\_\_ I understand that all NMCAA child development staff and volunteers are required by law to report any suspected abuse and/or neglect of children to Child Protective Services.

\_\_\_\_\_\_ I have access to the EHS Parent Handbook that I can refer to for program information. This handbook was reviewed with me by my home visitor and can be found at [**www.nmcaa.net/family\_corner.asp**](https://www.nmcaa.net/family_corner.asp)**.** I can also talk with my home visitor about any questions I might have.

\_\_\_\_\_\_ I am aware that as a part of the Head Start/GSRP program my child’s name, address, birthdate, and name of guardian will be entered into the Michigan School Data System, designed for state and federal data reporting. Occasionally, this system is used to determine additional benefits my child may be eligible for.

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

7/23 HSPPS 1302.41, 1302.33(a)(1), 1302.45(a)(3) EHS-HS Teams/Program OperationsEHS/Enrollment