



Permission for Program Activities

Child's Name: _____

Date of Birth: _____

To help us provide your child with the highest-quality services, ARVAC Head Start and Early Head Start needs your permission for the activities listed below. **For each item, please check YES or NO. Thank you.**

1. I give permission for my child to participate in **walking trips** within the ARVAC Head Start and Early Head Start center neighborhood, including to local parks or playgrounds. *I understand that children will not enter any other facility unless I am informed in writing in advance; that the route will avoid all safety hazards, and that there will always be an adult-child ratio in keeping with licensing requirements.* YES NO

2. I give permission for my child to be **photographed and/or videotaped** while participating in ARVAC Head Start and Early Head Start program activities, and for these photos or videos to be used in newsletters, displays, or other formats for educational purposes or program publicity. YES NO

3. I give my permission for me to be **photographed or videotaped** during program activities in order to support ARVAC Head Start and Early Head Start center staff development activities. I understand that these photographs and videotapes will not be used for any other purposes without my additional consent. YES NO

4. I understand that as part of the program, staff and consultants engage in regular observations and assessments of children's progress toward achieving school readiness skills in order to individualize our instruction to best support them, and to improve our program as a whole. In addition to these educational assessments, I give permission for my child to receive the following screenings, that are required of all Head Start programs, and that will help ARVAC Head Start and Early Head Start center further understand his/her development and provide the best possible learning environment for his/her strengths and needs:

Health Screenings – hearing, vision, height, weight, blood iron, blood pressure, lead, dental YES NO

Developmental Screening – to identify child's stages of development and possible areas of delay YES NO

Social-Emotional Screening – to identify possible areas of mental health concern YES NO

Speech Screening – to identify any concerns regarding child's language development YES NO

5. I give permission for staff to conduct focused observations of my child in his/her classroom so that ARVAC Head Start and Early Head Start can better understand his/her development, challenges and needs. I understand that I will be notified of pending observations and will be invited and encouraged to participate in all related conversations and next steps. YES NO

6. I give permission for my child to have the above screenings, and other program components as needed, administered in his/her own language by an **interpreter** chosen by ARVAC Head Start and Early Head Start. YES NO

7. ARVAC Head Start and Early Head Start center wants to send you text messages! These text messages could include FUN FACTS and EASY Tips to help support your child's learning, attendance and health follow-up, meeting and event reminders and notifications about school closings and delays. You can choose to stop receiving texts at any time by replying STOP to any message. I give permission for ARVAC Head Start and Early Head Start center to text me regarding my child's learning and program participation. YES NO

Parent/Guardian Name: _____

Relationship to Child: _____

Parent/Guardian Signature _____ Date _____