

MONTGOMERY COUNTY PUBLIC SCHOOLS**Parent/Guardian Notification**

Prekindergarten/Head Start Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850
Phone 240-740-4530 • Fax 301-230-5401

- I UNDERSTAND** that my child _____ (print child's name) will attend field trips that are a part of the Prekindergarten/Head Start Program. Permission forms for each field trip will be given prior to each trip.
- I UNDERSTAND** my child may receive educational, social-emotional and developmental, speech/language, and health screenings as a part of the Prekindergarten (PreK)/Head Start Program. I understand that the teacher may consult with the PreK/Head Start psychologist, education specialist, speech pathologist, social worker, special educator, nurse or family service worker (FSW) regarding my child. These screenings and consultations help the staff to get to know each child and to plan an appropriate program.
- I UNDERSTAND** my child is expected to attend school every day and arrive on time. I, or an authorized adult, will take my child to the school or bus on time, and meet my child promptly at dismissal or at the bus stop when my child is scheduled to return. I understand that if I, or an authorized adult, do not pick up my child at the bus stop, my child will be returned to school.
- I UNDERSTAND** that if I am late picking up my child at dismissal or meeting my child at the bus stop three times, I must meet with the PreK/Head Start FSW to discuss the problem and establish a solution. If problems continue, transportation privileges may be terminated. Also, behavior problems on the bus can result in termination of bus privileges.
- I AGREE** to provide the school and program staff with updated phone numbers and emergency contact information at all times.
- I UNDERSTAND I must** complete an application for the Free and Reduced-Price Meals (FARMs) Program when school begins for program funding purposes. I understand that eligibility for FARMs is a requirement for PreK program participation. For Head Start classes, no outside food is permitted.
- I UNDERSTAND** that parent/guardian engagement and participation are important to promote my child's school readiness, and I will participate in the PreK/Head Start Program by:
- Having a home visit with the teaching team, prior to the start of school, if my child is enrolled in Head Start
 - Communicating with the FSW regarding the needs of my family;
 - Completing a Family Partnership Agreement with the FSW if my child is enrolled in Head Start
 - Attending parent/guardian education programs and school conferences;
 - Volunteering in my child's classroom; and/or
 - Serving on committees and attending Policy Council meetings

Please check **if you agree:**

- Yes No I give permission for photographs, videos, audio recordings or other likenesses of my child, my family, or me to be used for purposes of education, with or without the use of my name or my child's name. (Also see MCPS Form 281-13, *Annual Notice for Directory Information and Student Privacy*)
- Yes No I give my child permission to go on walks in neighborhood with the PreK/Head Start class.

SIGNATURE

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____ Date ____/____/____