STATEN ISLAND HEAD START

A Division of Richmond University Medical Center

PARENT ORIENTATION

Parent Orientation Acknowledgment

I acknowledge that I have participated in the Staten Island Head Start/Early Head Start Parent Orientation and received information regarding program services, ERSEA requirements, school readiness goals, family engagement opportunities, health and safety procedures, attendance expectations, parent rights and responsibilities, nutrition services, disabilities and inclusion services, community resources and referrals, and program policies and procedures.

Topics Covered During Orientation

- ☐ **Program Services**
- ☐ **ERSEA Training**
- ☐ **School Readiness Goals**
- ☐ **Family Engagement Opportunities**
- ☐ **Health and Safety Procedures**
- ☐ **Attendance Expectations**
- ☐ **Parent Rights and Responsibilities**
- ☐ **Nutrition Services**
- ☐ **Disabilities and Inclusion Services**
- ☐ **Community Resources and Referrals**
- ☐ **Program Policies and Procedures**

Parent/Guardian Name:

Child Name:

Site Location:

Date of Orientation:

Parent Rights & Responsibilities Acknowledgment

- ☐ **I have received and reviewed the Parent Rights and Responsibilities Statement.**
- ☐ **I understand my rights and responsibilities as a program participant.**
- ☐ **I agree to partner with the program to support my child's development.**

Parent/Guardian Signature: