



Cabarrus Partnership  
for children



### Educational Services Agreement

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Site where child will be served: \_\_\_\_\_

*Participation in the Cabarrus County Pre-K programs is a unique opportunity. As with any opportunity, it comes with responsibilities. Participation is a privilege for students. Through this contract, parents join with the Cabarrus County Pre-K Programs in a partnership to support their children.*

**I am committed to and will:**

1. Agree that my child attends school every day that he/she is able. I understand that it is the parent's responsibility to send a note each time the child is absent. I understand that unexcused absences and irregular attendance (despite supportive services) will result in my child being dropped from the program.
2. Agree to make sure my child arrives at the start of the school day.
3. If transportation is not provided for my child, I Agree to have my child dropped off and picked up on time. I am aware that there are no provisions for childcare before and after school.
4. Agree to keep immunizations/physicals up –to-date and handle any medical needs that arise.
5. Agree to allow staff to make home visits during the school year.
6. Agree to attend conferences requested by my child's teacher and be available to contact on a regular basis with staff. (This may involve home visits, telephone conferences or school conferences)
7. Agree to read nightly with my child and sign the reading daily log as requested by my child's teacher.
8. Agree to participate with my child in regular at-home activities as requested by my child's teacher to promote literacy learning.
9. Agree to check my child's book bag on a daily basis for home/school communication.
10. Agree to let my child participate in the Cabarrus County Pre-K Programs Developmental Screening.
11. In case of additional behavioral or educational concerns by my child's teacher, I agree to follow through with recommendations by support specialists.

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



## Cabarrus County Preschool Programs Health Services Agreement

Cabarrus County Preschool Programs require continuous healthcare for all students so they are healthy and ready to learn. As a condition of enrollment in this program,

I agree to the following for \_\_\_\_\_  
(child's name)

- I will take my child to their healthcare provider for a well-child visit every 12 months **and provide the school with a copy of the physical and shot record each year.**
- If my child's vision is not screened during the well-child visit, I agree to have their vision screened by school staff. **I agree to complete all follow-up appointments deemed necessary related to my child's vision.**
- If my child's hearing is not screened during the well-child visit, I agree to have the school audiologist screen their hearing. **I agree to complete all follow-up appointments deemed necessary related to my child's hearing.**
- I agree to take my child to their regular dentist for an exam every 6 months or allow the Cabarrus Health Alliance Dental Clinic to complete an exam within 90 days of enrollment. If the dentist determines that my child needs further treatment, **I agree to complete all treatments by the end of the school year.**
- **I agree to pick up my child if any of the following occur:**
  - Vomiting- child must be free of vomiting and without medication for 24 hours before returning to school
  - Diarrhea- child must be free of diarrhea and without medication for 24 hours before returning to school
  - Fever- 100 degrees F or higher, child must be fever free without medication for 24 hours before returning to school
  - Lice- live bugs, will be sent home with the 14-day treatment sheet, and must see the nurse before returning to class, after initial treatment
  - Other- See parent handbook for a list of other conditions/diseases that require exclusion from school

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Cabarrus Partnership for Children**  
**1303 South Cannon Blvd, Kannapolis, NC 28083**  
**Phone: 704-933-8278 Fax: 704-934-0029**

## **Consent for Photograph, Filming, or Taping of Children**

I give permission for my child to be filmed, taped or photographed by the Cabarrus Partnership for Children , NC Pre-K, Cabarrus County Schools, Kannapolis City Schools and/or Department of Human Services.

The film, tape, or photograph will be used for educational or informational purposes at the discretion of the Partnership for Children. The primary purpose is to share the community information affecting young children and their families. These services are funded by Smart Start.

Thank you for allowing your child to be an example of how Smart Start is raising the awareness of the community to children's needs.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Site your child is located: \_\_\_\_\_

Your child's teacher: \_\_\_\_\_