

## FAMILY RESPONSIBILITY

Please read carefully and initial each box to confirm your understanding and acceptance of your responsibilities.

Initial Here	I authorize partnering Pre-K agencies Wake County Public School System, Wake County Smart Start, Wake County Human Services, and Telamon Head Start to exchange information regarding my child for the purpose of determining eligibility for state and federally funded Pre-K Programs and for data collection by the Office of Early Learning and the Division of Child Development and Early Education. I also authorize partnering Pre-K agencies to share my family's contact information with Wake County partners that serve 4-year-olds, if they believe my child is eligible for other community programs.
Initial Here	<b>I give permission for my child to receive developmental, hearing, vision, dental, and/or speech and language screenings</b> and for the results of these screenings to be shared with partnering Pre-K Programs (Wake County Public School System, Wake County Smart Start, and Telamon Head Start).
Initial Here	I understand that if my child is selected for participation, <b>family engagement is expected</b> . My family will cooperate with programs to submit necessary documentation and applications for additional services.
Initial Here	<b>I understand that transportation to and from Pre-K programs will be the family's responsibility.</b>
Initial Here	I understand that if there is a change in my child's address, phone number, or attendance in any type of licensed care, or if there is change in family size or family income, it is my responsibility to notify the Pre-K Application Center and inform them of any changes.
Initial Here	I understand that my child will need a <b>current, updated health assessment</b> before attending a Pre-K program.
Initial Here	<b>I understand that my child may be placed on a waiting list.</b>