

COMMUNITY ACTION TEAM, INC.
CHILD & FAMILY DEVELOPMENT PROGRAMS
 Early Head Start Family Introduction Checklist

Child's Name: _____

Parent Name: _____

County: _____ Parent Educator _____

Forms	Required Prior to Entry (Must be completed at Introduction)	Completed (√)
1-20	Confidentiality Form	
1-71	Volunteer Declaration	
2-3 EHS	About My Child	
2-12 EHS	Home Visit Agreement	
2-27a	Child Guidance Policy Parents	
2-28	General Permission	
2-53	MyTS Invitation (Assist parent account set-up)	
	Ready Rose (Assist parent account set-up)	
3-44	Health History	
5-1	Permission Form	
5-1a	Social Media Agreement and Photo/Video Consent	
Program Parent Handbook reviewed with families		
Immunizations (at least one dose in each required area) or signed exemption		
Policy Council/Parent Group flyer and information was shared with family		
Forms	Additional Requirements Prior to Entry (If Needed)	Completed (√)
3-46/3-48	Medical and Allergy Forms (if needed)	

*This form is to ensure that all required enrollment documentation is or in process in first home visit and uploaded in the family services tab of Child Plus

Staff verifying completion: _____ Date: _____