

**PARTICIPATION AGREEMENT BETWEEN PARENT AND EARLY LEARNING SPECIALIST**

As a **Parent Participant** in ParentChild+, I understand and agree to the following statements:

1. I will be home for my scheduled two half-hour visits a week.
2. I will try to limit interruptions during these scheduled times. I will turn off the TV, radio, stereo, and/or video games in preparation for each visit. I will also let friends and relatives know this is not a good time to call or visit.
3. I will call my Early Learning Specialist when I cannot keep a scheduled visit. I will leave a message at the ParentChild+ office if I cannot reach her directly.
4. I will put all pets away into another room while my Early Learning Specialist is here.
5. I will not smoke during the home visit.
6. I will help my child take care of the program books and toys and have them available for each visit.
7. I will use the program books and toys with my child often during the week.
8. My child and I will be ready when the Early Learning Specialist arrives.
9. I understand that this program lasts for 2 years, and I will try to participate with my child for 2 years.
10. I understand that I am my child's most important teacher.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child Name/Parent Name:** \_\_\_\_\_

As a **Early Learning Specialist** in the ParentChild+, I understand and agree to the following:

1. I will visit you and your child twice a week, according to our schedule.
2. I will arrive on time for these visits, unless there is an emergency. I will notify you if there will be any delay.
3. I will call if I have to cancel or change the schedule.
4. I will bring a new book or toy, at no cost, once a week that your child will get to keep. We will review the program materials during the second visit each week.
5. I will stay for at least 30 minutes for each visit, unless your child is ill or there is an emergency.
6. I will share many ideas with you and your child for fun learning activities.
7. I will always respect your family's privacy.
8. I will respect your role as your child's primary teacher and will support you in that role.

**Early Learning Specialist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EARLY LEARNING SPECIALIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**COORDINATOR:** \_\_\_\_\_ **ParentChild+ OFFICE PHONE:** \_\_\_\_\_

**APPOINTMENT DAYS AND TIMES:** \_\_\_\_\_