

Bristol Bay Native Association Head Start

Parent Involvement Form

Child's Name _____

Community _____

Parent Education is an important part of the Head Start program. In order to provide materials that would benefit you, please check the topics that you would like Head Start to provide.

- | | |
|----------------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Ideas for craft projects at home | <input type="checkbox"/> Cooking with young children |
| <input type="checkbox"/> Songs, stories and finger plays | <input type="checkbox"/> Making books at home |
| <input type="checkbox"/> Challenging Behaviors | <input type="checkbox"/> Reading with young children |
| <input type="checkbox"/> Communicable Diseases- how to recognize and prevent | |
| <input type="checkbox"/> Immunizations- Their purpose and importance | |
| <input type="checkbox"/> Nutrition for Preschoolers- In and out of Head Start | |
| <input type="checkbox"/> Time to move! - Guidelines for physical activities for preschoolers | |
| <input type="checkbox"/> A look at the incredible brain of the preschool child | |

Volunteer

Parents have many talents and skills; please list what you would be willing to share with other parents or the children at Head Start.

Parents are encouraged to participate in Head Start activities:

I am willing to volunteer in the following areas:

- | | | |
|-------------------------------------------|---------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Classroom Mealtime | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Parties | <input type="checkbox"/> Fund Raisers | <input type="checkbox"/> Equipment/Center Repairs |
| <input type="checkbox"/> Family Fun Night | <input type="checkbox"/> Other _____ | |

Translation

Are you Bilingual? If yes what language? Yes _____ No

Will you need a translator at Head Start meetings/ home visits? Yes No

Would you be willing to translate for another Head Start parent? Yes No

Contact Information

Head Start would like to contact you how and when it is most convenient for you.

Call me

Best time to call _____ Location _____ Phone Number _____

E-mail me

Daytime e-mail _____ Evening e-mail _____

Other comments, questions, or suggestions:

Parent Signature _____

Date _____

Revised 05/13

White: Main Office

Yellow: Site File

Pink: Parent