

**Neighbors In Need Of Services, Inc. (NINOS)  
Head Start/Early Head Start Program**

Parent Acknowledgement Form

Child's Name \_\_\_\_\_ CPID \_\_\_\_\_ Center \_\_\_\_\_

Please initial beside each item to indicate you have been explained the following manuals and forms.

- |   |  |
|---|--|
| A. _____ Parent Handbook                                      | D. _____ Building for the Future                                   |
| B. _____ Personally Identifiable Information (PII) Procedures | E. _____ And Justice for All                                       |
| C. _____ Join Texas WIC                                       | D. _____ Operational Policies and Procedures (initial below 01-35) |
- 
- |   |  |
|---|--|
| 01. _____ Hours, Days, and Months of Operations             | 19. _____ Procedures for applying insect repellent and sunscreen     |
| 02. _____ Release of Children                               | 20. _____ Parents Concerns   |
| 03. _____ Illness and Exclusion                             | 21. _____ Parent Participation                                       |
| 04. _____ Dispensing of Medications                         | 22. _____ Licensing Inspection Reports                               |
| 05. _____ Medical Emergency Procedures                      | 23. _____ Contact Information to the Licensing Office                |
| 06. _____ Parental Notifications                            | 24. _____ Emergency Preparedness Plan                                |
| 07. _____ Discipline and Guidance                           | 25. _____ Breast Milk or Formula Feeding                             |
| 08. _____ Suspension and exclusion of children              | 26. _____ Preventing and Responding to Abuse and Neglect of Children |
| 09. _____ Basic Requirements for Infants-Safe sleep         | 27. _____ Daily Health Checks  |
| 10. _____ Meals and Food Services                           | 28. _____ Vaccine-Preventable Diseases for Employees                 |
| 11. _____ Immunizations and TB requirements                 | 29. _____ Epinephrine Auto-Injectors                                 |
| 12. _____ Hearing and Vision Screening                      | 30. _____ Parent Rights  |
| 13. _____ Enrollment Procedures                             | 31. _____ Gang Free-Zone Information                                 |
| 14. _____ Transportation Procedures                         | 32. _____ Attendance/Drop-Off and Pick-Up                            |
| 15. _____ Water Activities                                  | 33. _____ Diapering Procedures                                       |
| 16. _____ Field Trips                                       | 34. _____ Other Policies   |
| 17. _____ Animals/Pets                                      | 35. _____ Request of Personally Identifiable Information (PII)       |
| 18. _____ Promotion of Indoor and Outdoor Physical Activity |  |

Parent Certification

I, \_\_\_\_\_, have been provided copies on the above forms and handbooks. I have been explained the information and given the opportunity to ask questions. I also acknowledge that I will familiarize myself with the contents of the information provided.

Staff Certification

I, \_\_\_\_\_, have provided the above-named Parent/Legal Guardian with the documents listed above and have explained the contents of them verified by his/her initials.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date