



REFUSAL OF HEAD START SERVICES WCMCA HEAD START



Date: _____ FES Name: _____

Child's Name: _____ Date of Birth: _____

Parents Name: _____

Type of Services Refused: _____

Summary of Communication with Parents/Family about this Topic:

Related Information/Educational Materials Provided:

Additional Resources Offered *(check all that apply)*

Child Care

Transportation

Payment

Other

Notes:

PARENT REFUSAL OF HEAD START SERVICES:

Head Start has contacted me and provided information about services or follow up needed for my child. I have received the information, been offered transportation, child care, help in paying for and locating these services and anything else that I would need to complete the services. I fully understand the need for my child's follow up and have been educated in the importance of getting the follow up completed.

At this time I refuse to have these services completed for personal reasons.

Parent Signature

Date