Community Colleges of Spokane

Spokane County Head Start/ECEAP/EHS
LATE ARRIVAL/PICK-UP CONTRACT

Child's Name: _____

I understand that my child must be delivered or picked-up by either myself or an authorized adult. It is my responsibility to ensure that my child is delivered and picked-up at the appropriate session time.

FIRST NOTICE

Date _____ Time of Pick-Up _____

Reason for late pick-up _____

I acknowledge that this is my **first notification** of a late delivery or pick-up. I also acknowledge that I have received **a verbal reminder of the procedure** that will be followed if my child(ren) continue to arrive late and/or are picked-up late.

_____ _____
Parent/Legal Guardian Signature Date

_____ _____
Family Services Coordinator Signature Date

_____ _____
Center Manager Signature Date

SECOND NOTICE

Date _____ Time of Pick-Up _____

Reason for late pick-up _____

I acknowledge that this is my **second notification** of a late delivery or pick-up, and that **one additional** incident may result in my child being dropped from the HS/E/EHS program.

_____ _____
Parent/Legal Guardian Signature Date

_____ _____
Family Services Coordinator Signature Date

_____ _____
Center Manager Signature Date

Note: Parents whose child(ren) are in full-day child care services will incur late child fees, as documented on the Child Care Exceptional Fees form.

Original to Child File cc: Fiscal Specialist, Parent