



**STATEMENT OF AGREEMENT OF COLLABORATION BETWEEN
THE GREENBRIER COUNTY HEAD START PROGRAM AND
RAU VI / WEST VIRGINIA BIRTH TO THREE PROGRAM**

I. PARTIES OF AGREEMENT

This is an Agreement between the **Greenbrier County Head Start Program and the RAU IV WV Birth to Three Program;** hereafter referred to as the Parties.

II. PURPOSE

The purpose of this agreement is to reaffirm collaboration between the RAU VI WV Birth to Three Program and the Greenbrier Head Start Program, the parties, and to facilitate the development of collaboration between Greenbrier Head Start Program and RAU VI's WV Birth to Three Program; to provide a systematic communication network between and among the Parties, RAU VI, and the Greenbrier County Head Start Program.

III. INTERAGENCY AGREEMENT

- A. The Parties shall provide reciprocal opportunities for participation by staff members in in-service training activities.
- B. The Parties will be encouraged to visit programs in local jurisdictions as agreed to by local supervisory staff.
- C. The parties will maintain ongoing communication and shall encourage the Early Head Start and Head Start programs, local education agencies and RAU VI WV Birth to Three Program to maintain ongoing communication for the purposes of coordination, cooperation and mutual understanding regarding:
 - * location/identification of preschool handicapped children
 - * screening and assessment
 - * placement, which may include dual enrollment
 - * IEP/IFSP development and implementation
 - * delivery of services
- D. The Parties shall participate in an interagency preschool committee which will meet regularly to address current issues and/or concerns, initiate the development of and updating written agreements as appropriate, and coordinating Families Transitions into or out of Programs.

IV. HEAD START ELIGIBLE CHILDREN

This Agreement will apply to Head Start eligible children, birth to 5 years of age identified as handicapped according to procedures established by the regulations governing applicable Federal and State laws and WV Birth to Three Children.

V. MODIFICATION OF THIS AGREEMENT

The Parties agree to abide by this Memorandum of Understanding indefinitely or until written notification is received at least thirty (30) days prior to the end of the fiscal year.

The Parties further agree to an annual (June) review of this Agreement and its implementation processes.

No additions, deletions or modifications may be made of this Agreement or to any of the required activities without the joint approval of those individuals who have signed the Agreement or their successors.

VI. TERMINATION OF THIS AGREEMENT

This Agreement may be terminated by any of the signatories within thirty (30) days of written notice to all other signatories.

VII. EFFECTIVE DATE

This Agreement shall be effective immediately when the last of the signatories named below has affixed his/her signature hereto.

Janet Thompson 9-9-08
RAU VI WV Birth to Three Coordinator Date

Terri Wontrobski 8/20/08
Terri Wontrobski, Director Date
Greenbrier County Head Start

GREENBRIER COUNTY UNIVERSAL PRE K ENROLLMENT FORM

Application Date: _____ I Prefer: School Based Site _____ Collaborative _____ Site _____

Name of Child _____ M or F _____ SSN _____

Date of Birth _____ Last _____ First _____ MI _____ Verified By _____ H _____ DVS _____ CO _____ Latino Ethnicity _____

Race Asian _____ Caucasian _____ Black _____ Bi Racial _____ Native Am. _____ Other _____

Mailing Address _____

Town _____ State _____ Zip _____

Physical Address _____

Route/Box/Street _____ Town _____ State _____ Zip _____

Phone _____ Cell _____

Name of Father _____ HS _____ GED _____ Coll _____ Birthdate _____

Last _____ First _____ MI _____

Father's Place of Employment _____ Phone _____

Name of Mother _____ HS _____ GED _____ Coll _____ Birthdate _____

Last _____ First _____ MI _____

Mother's Place of Employment _____ Phone _____

II. FAMILY UNIT

Child lives with: (circle one) Both Parents Mother Father Other (specify) _____

Others in Household _____

Name _____	DOB _____	Name _____	DOB _____	Name _____	DOB _____	Name _____	DOB _____	Name _____	DOB _____
------------	-----------	------------	-----------	------------	-----------	------------	-----------	------------	-----------

Emergency Contact

Name _____	Phone _____	Relationship _____
------------	-------------	--------------------

III. HEALTH AND SPECIAL NEEDS INFORMATION

Does your child have any of the following documented conditions:

____ Speech/Language Impairment	____ Mental Retardation	____ Emotional Disturbances
____ Specific Learning Disorder	____ Hearing Impairment/Deafness	____ Other Impairment
____ Visual Impairment	____ Impairment of Motor Function	(Specify) _____

What concerns do you have about your child? _____

Have you witnessed any behavior from your child that would it difficult to be in a preschool program? Y N

Explain _____

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Health Ins. _____ Private _____ Medical Card _____ Military _____

Directions to Home _____

Signature of Parent _____	Date _____	Signature of Interviewer _____	Date _____
---------------------------	------------	--------------------------------	------------

By signing I am verifying that all information is correct. I understand my address will be verified before enrollment. If I have not provided a physical address, I must do so before the application will be considered.

Staff Verifier _____	Date _____	Staff Verifier _____	Date _____
----------------------	------------	----------------------	------------

Income Verification _____	Tax Return _____	TANF _____	Social Security _____	Employer _____	SSI _____	W-2 _____
Child Support _____	Unemployment _____	Worker's Comp. _____	Other _____			

Approved:

HS _____ OI HS _____ PRE K _____