

CENTRAL MISSISSIPPI, INCORPORATED

Head Start/Early Head Start Program

101 South Central Avenue

P.O. Box 749

Winona, MS 38967

Calvin Neely, Director

Phone: (662) 283-2227

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Toilet Training and Diaper Changing Parent Consent Form

_____ and _____ have
(Parent's signature) (Central Mississippi Head Start Staff's Signature)

discussed the toilet training of _____ we have
(Child's Name)

agreed _____

By signing this agreement I give Central Mississippi, Incorporated Head Start Staff
permission to toilet train and change my child _____
(Child's Name)

Pull-ups and clothing as needed. A full set of extra clothing is required at the facility at all
times.

(Parent's Signature)

Date

(Central Mississippi Head Start Staff's Signature)

Date

Assurance of Confidentiality: All of the information you provide help us to deliver services most appropriate for your family needs. You may prefer not to share some information with us. However, some information is required to determine eligibility. All information is held in strict confidence.