

PACT FOR WEST CENTRAL ILLINOIS

High School Student Training Agreement

I, _____, agree to participate approximately _____ hours per week with PACT for West Central Illinois at the _____ center. This experience is required as part of _____ (program), administered by _____ (school).

The term of this agreement is from (date) _____ to _____.

The weekday(s) _____ and hours are from _____ to _____ p.m. The student may assist in the care of children only under the direct supervision of PACT classroom teacher.

I agree to comply with the following:

1. I will provide a copy of my current school physical and COVID Vaccination proof.
2. If I am unable to be present on a given day, I will be responsible to notify the site supervisor.
3. I will practice strict confidentiality at all times concerning information on clients served by this program.
4. I agree to wear attire which is compatible with the agency/program policy.
5. I will become familiar with the philosophy and mission of Head Start, including classroom routine and schedule.
6. I will follow the Head Start & DCFS regulations, including but not limited to violation of child abuse & neglect, performance, confidentiality, etc, and if I violate any of the terms and conditions of this agreement, PACT will terminate this agreement, and it shall be of no further force or effect.

PACT for West Central Illinois agrees to provide a learning atmosphere. This allows the student to become involved in programming and with the participants. The student is encouraged to ask questions and have them answered.

Student's Signature

Date: _____

Print Name: _____

Address: _____

Phone Number: _____

Student's Educational Supervisor

Date: _____

Title _____

Phone Number: _____

PACT Site Supervisor

Date _____

Send a copy to Education Coordinator and keep the original copy in DCFS file.

SS- 6/22