Child's Name (Last, First): _____,_____ SFECEP -Updated 3/27/26
(Last Name) (First Name)

Colonial
SCHOOL DISTRICT

Colonial Early Education Program (CEEP) at The Colwyck Center
State Funded Early Care and Education Program (SFECEP) Parent /Guardian Contract

Children enrolled in SFECEP in Colonial School District will attend preschool for free at The Colwyck Center for the full-day (9:30 AM-3:30 PM). **All families whose children participate in SFECEP must read and sign this contract.**

- **Attendance**: Families must comply with the Colonial School District Attendance Policy. Children participating in SFECEP are expected to attend school every day unless too ill to attend and are expected to arrive on time for school each day. When a child is absent from school, parents/guardians must submit an absence note explaining the reason for absence. Excessive late arrivals, early dismissals and absences will result in a meeting to examine barriers to regular attendance. If the child's attendance does not resume, then the program will consider that slot vacant.
- **Eligibility**: SFECEP eligibility is determined based on a variety of income-related criteria. Parents/guardians are expected to provide required documentation to the school office by the deadline(s) provided. Failure to submit required documentation by the due date(s) may result in the revocation of the CEEP invitation.
- **Enrollment**: CEEP classrooms follow the inclusion model so children with and without disabilities are enrolled in CEEP classrooms. Children who participate in SFECEP may or may not have an identified disability.
- **Home Visits**: Families of SFECEP students must participate in Home Visits two times per year.
- **Medical Documentation**: Families of SFECEP students must submit copies of Annual Physical Exams, Immunization records, Lead Tests, and TB tests, as required, to the CEEP Nurse.
- **Screening:** Children who participate in SFECEP are required to participate in screening.
    - **Developmental Screening** will be completed by parents/guardians at least one time per school year. Documentation is required as part of the registration process. School staff will notify families when updated Developmental Screening is needed.
    - **Dental Screening** will be offered via the DE Department of Health's (DPH) Smile Check Program. This includes 1) an educational component, where dental staff teach children about oral health, 2) an oral screening, where a dentist looks for signs of decay, and 3) a fluoride treatment. Families will receive dental screening results, and if concerns are noted, support information will be provided. CEEP staff will help families access dental care if needed. If further evaluation is recommended, SFECEP families must submit documentation with exam results to the school. Families of SFECEP students must apply for the Smile Check Program OR submit verification of recent dental exam history.
    - **Hearing Screening** will be provided at least one time per year by the CEEP Nurse. All families will receive written hearing screening results, and if concerns are noted, CEEP's nurse will provide the family with a hearing exam referral letter. CEEP staff will help families access a hearing exam if needed. If a referral is made, SFECEP families will submit documentation with exam results to the CEEP Nurse.
    - **Vision Screening** will be provided at least one time per year by the CEEP Nurse. All families will receive written vision screening results, and if concerns are noted, CEEP's nurse will provide the family with a vision exam referral letter. CEEP staff will help families access a vision exam, if needed. If a referral is made, SFECEP families will submit documentation with exam results to the CEEP Nurse.

I understand that my child is participating in SFECEP, and I agree to comply with all of the SFECEP parent/guardian expectations outlined above. I understand that failure to comply with the SFECEP expectations listed above may result in my child being excused from SFECEP programming.

Print Name:_____ **Sign Here:** _____ **Date:** _____