CSRA EOA, Inc. Early Head Start-Child Care Partnership

Toilet Learning Contract

Date__________________________

Your child ___________________________ has shown signs of readiness for toilet learning. We will begin introducing the toilet and toileting process to your child with your permission. At any time he or she decides that he or she is not ready, we will discontinue the toileting process and resume at a later date.

Parent____________________________

Teacher____________________________

Teacher Assistant____________________

Health Specialist____________________