



CONCHO VALLEY COUNCIL OF GOVERNMENTS  
HEAD START/EARLY HEAD START  
CVCOG Head Start GoEngage Notification Opt-In



Parent Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

By signing this statement, I agree to receive text messages and emails concerning important updates, attendance, closures, documentation signatures, and communication with staff from CVCOG Head Start. Message and data rates may apply. I understand I can opt out at any time by replying STOP. Please see your Site Supervisor or Family Service Worker for any additional questions or concerns.

- CVCOG Privacy policy can be found at <https://www.cvcog.org/privacy-policy/>



\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date