



Community Action Agency

(DATE)

(FF)

Dear Parent:

Thank you for your interest in enrolling your child in the Miami Dade County Community Action Agency (CAA) Head Start/ Early Head Start Program for the 2008-2009 program year. We are pleased to inform you that you are **eligible to participate in the program pending completing the registration process.**

In order to complete the registration process, you will need to bring in the following information:

1. Your child's birth certificate. Child must be zero (0) years old by September 1, 2008 or no more than five (5) years old after September 1st.
2. Proof of parent's income for the past 12 months of the last calendar year (2007).
3. Immunization Record to include **DTAP- PREVNAR -POLIO-MMR-HIB-HEP, and Varicella** recommended PCV and influenza valid through September 2008. The results must be recorded on Form 680.
4. A complete physical examination and tuberculin screening (Form 3040) including hearing and vision screening with recorded results valid through September 2008.
5. **Head circumference must be recorded for all children less than 24 months. (Form 3040)**
6. Blood screening for Hemoglobin or Hematocrit with recorded results which should be valid through September 2008. Lead and Sickle Cell screening must be completed.
7. A dental examination completed prior to the beginning of the school year (**See directions on Form 5**)
8. Your child's social security card or documentation of a social security number and social security cards/numbers for other household members **if available.**
9. Your child's Medipass, HMO or managed care health care provider card.
10. Picture identification of parents including driver's license, state issued picture identification, or employer issued I.D.
11. If your child has a diagnosed disability, you must provide a copy of their Individualized Education Plan (IEP) or the Individualized Family Support Plan (IFSP).

We look forward to hearing from you soon; if you are having problems obtaining any of the above listed information contact me immediately

You will need to contact _____ at _____ no later than _____ to schedule an appointment to come to the office for an interview.

Sincerely,

(Staff Name)