



Community Action Agency

(DATE)

(H)

Dear Parent/Guardian (s):

We pleased to inform you that your child _____ has been selected to attend the Miami Dade County Community Action Agency's Head Start Program for the 2008-2009 school year, based on your file having all the required documentation.

Your child will be attending _____ located at _____ for the fall term. School is scheduled to begin on _____. The center operational hours are from _____.

Parent orientation meeting will start promptly at the following location and time _____. We will share some important information regarding the Head Start/Early Head Start Program. Your attendance is vital to the success of your child's early education.

Welcome to the Head Start/Early Head Start Program, we look forward to seeing your family soon.

Sincerely,