



Community Action Agency
701 NW 1st Court, 9th Floor
Miami, FL 33136

(DATE)

(H)

Dear Parent/Guardian (s):

We are 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 and current 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,

Name/Title