



(DATE)

(I)

Dear Parent/Guardian (s):

Miami Dade Community Action Agency Head Start/Early Head Start Program would like to welcome your child back to _____ for the 2008-2009 school year. School is scheduled to begin on _____. The center operational hour's are from _____.

Parent orientation meeting will start promptly at the following location and time _____. We will share some important information before school begins which will be helpful as you plan for the new school year. Your attendance is vital to the success of your child's early education.

As you are aware, your participation is important to us. We encourage you to get involved in as many aspects of the Head Start/Early Head Start Program. This includes attending the monthly parent committee meetings, volunteering in the classroom, and helping with field trips and other activities that your child might be involved in.

Miami Dade County Community Agency Head Start/Early Head Start Program provides information regarding community resource services that may be of interest to you and other members of your family. For information regarding community services contact your child's social worker to schedule an appointment.

Also, as a reminder, your child's health is very important to us. Throughout the school year, you will be responsible for making sure that your child's medical and dental records are current.

Welcome back to the Head Start/Early Head Start Program, we look forward to seeing your family at the Parent Orientation meeting.

Thank you for your continued interest and support.

Sincerely,

Name/Title