



(DATE)

(RL)

Dear Parent/Guardian (s):

We are in the process of updating your child's file for the 2008-2009 school year. In order for your child to continue in Head Start/Early Head Start, please complete the attached DCF Enrollment (emergency contact) Application. In addition, we are requesting that you submit your child's updated medical/dental information.

If you are interested in transferring your child to a more convenient location, please indicate the name of the center. The name of the center(s) is/are

_____.

If you need assistance with locating a center in close proximity to your home or work, please contact the social worker. Enclosed you will find an envelope to return this information to your child's center. The deadline to complete this information is February 28, 2008.

Thank you for your cooperation.

Sincerely,

Name/Title