

Central Missouri Community Action

Head Start Program



807-B North Providence Road
Columbia, MO 65203
(Voice) 573-443-8706 • (Fax) 573-875-2689
www.ShowMeAction.org

Today's Date

Parent Name
Street Address
City, State Zip code

Dear Parent/Guardian Name:

Your child **(child's name)**, **(DOB)** has not attended class since **(date of last attendance)**. Participation in the Head Start Program requires that participants have regular attendance, to receive all services available.

If you are still interested in your child attending the Head Start Program, I need you to contact me, **(staff name)** at **(phone number)**. I must hear from you by **(7 days from date letter mailed)**. If I do not hear from you, I will assume you are no longer interested in the program, and your child will be removed from our enrollment roster.

Sincerely,

(Name)

(Title)

If you need to send this letter to a family, please request an electronic copy, so that you can insert case specific information. Letter located at F:\revised forms\Attendance Letter--E1212.doc