



HEAD START NOTIFICATION LETTER

Date: _____

Dear Parent/Guardian,

Your HEAD START application for _____
has been screened and the results are indicated by the check mark below:

- _____ Your child has been **approved** for the Head Start program.
- _____ Your child has been **approved, but because our classes are presently filled, has been placed on our waiting list.**
- _____ Your child is **too young** for Head Start, **this year.**
- _____ Your **family income** makes your child **ineligible at this time.**
- _____ If your child is accepted for enrollment at a later time, **you will be notified.**

If your child has been approved, the enrollment time and place have been written in below.

ENROLLMENT DATE _____ **TIME** _____
LOCATION _____

Completion of registration will take between 1 and 1 ½ hours. Please bring your Medicaid card and a copy of current physical and dental records, if you have one, and proof of any insurance you may have.