



COLLEGE OF SOUTHERN IDAHO
HEAD START/ EARLY HEAD START
998 Washington St. N.
Twin Falls, Idaho 83303-1283
(208) 736-0741



Date _____

Dear _____ ,

We have missed you and your child, _____ . Our program has limited space so we are anxious to know what your circumstances are. If we do not hear from you by _____ , we will assume you are no longer interested in participating in the program, and will fill the slot with another family.

We hope you will choose to make contact, and to stay involved in Head Start/Early Head Start. If you have questions or concerns, please contact me so we can discuss your interest in the program.

Sincerely,

Center Supervisor

Center _____

Phone _____

Notice