

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have not returned the

(Parent’s Name)

following information to the (Program) HIPPY (Home Instruction for Parents of Preschool Youngsters) Program. I am going to take the following steps to obtain the missing documents:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_Birth Certificate

\_\_\_\_\_\_\_Proof of Income

\_\_\_\_\_\_\_Immunization Record

\_\_\_\_\_\_\_Social Security Card

\_\_\_\_\_\_\_Health Screening by Doctor

I have been notified by my local HIPPY program that failure to provide the documentation above by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may result in my inability to participate in the program.

(Date)

Parent/Guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Homebased Educator signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Please send/bring information to:

Site Name

Address

City, State Zip

e-mail