Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

We wanted to inform you that your Head Start application for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is now closed and will be removed from our waiting list. Your child’s application is considered closed due to the following reason.

\_\_\_ Your application is over a year old - if you are still interested in remaining on our waiting list please contact us to complete a new application.

\_\_\_ Your child is no longer age eligible for the program

\_\_\_ You reported you are no longer interested in the program

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are still interested in our program please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to complete a new application.

Thank you,

SNHS Inc.

Head Start Staff