



### PARENT REMINDER

Date \_\_\_\_\_

Dear \_\_\_\_\_,

**Your child's records are incomplete as indicated by the checked items below.**

- Child's Enrollment Record ( \_\_\_\_\_ )
- Student Health Examination (current form expired \_\_\_\_\_)
- Certificate of Immunization (current form expired \_\_\_\_\_)
- Brochure sign-off
- Discipline policy sign-off
- Emergency Medical Release
- Physician's information ( \_\_\_\_\_ )
- Emergency person's Information ( \_\_\_\_\_ )
- Verification that enrollment information is complete and accurate
- Dentist information ( \_\_\_\_\_ )
- Food Experience Form

return the designated information by \_\_\_\_\_ . Thank you.  
*Date*

\_\_\_\_\_  
Signature

C-0101 Sample (Rev 02/14)



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