



Date: _____

Dear Parent/Guardian,

_____, will be turning four years old in approximately six months. He/she can remain in The Ohio State University Early Head Start program until that time. When your child transitions out of Early Head Start, he/she can remain at _____ or can transfer to another educational setting of your choosing. Please indicate below which option you would like for your child so I can assist in this process.

Check One	I would like my child to transition to....
	Remain at my current provider
	Head Start Center Name of center: _____
	I would like to enroll my child at a child care center that does not have Head Start Name of center: _____
	I am unsure and need some assistance

Once your child transitions out of The OSU-EHS program, you will be responsible for the private pay rate of your child care provider if you do not have Public Funded Child Care (PFCC).

We look forward to communicating with you about your child's progress in our program as well as helping you make the best decision for you and your family during this transition.

If you have any questions, please contact your family child care provider or me.

Best regards,

Family Specialist

