



# AGE EXTENSION PARENT ACKNOWLEDGEMENT



Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ years \_\_\_\_\_ months  
Site: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_

Dear Parent/Caregiver,

NHA is committed to working in partnership with families to successfully transition children to a Head Start preschool classroom or other community-based option. As a reminder, children are eligible to be enrolled and attend an Early Head Start (EHS) infant-toddler classroom up to the child's 3rd birthday.

Based on a review of your family circumstances and your child's development, we are extending your child's enrollment in our EHS program to 3 years and 4 months of age. This extension expires on \_\_\_\_\_ date.  
After this date, your child can no longer attend the EHS program.

Should a Head Start opening be available prior to the date above, you are asked to accept the placement and transition your child out of the EHS classroom into the Head Start classroom.



*I understand that my child's enrollment in EHS will end on \_\_\_\_\_ date and acknowledge that I have received the "Alternative Child Care Option Resource List" that can be used to assist my family with locating alternative child care programs.*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Caregiver  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
NHA Staff

**Provide parent with a copy of the signed form, file the original in Section 4: Education**