Ohio Department of Children and Youth

TRANSITION LETTER FOR CHILD CARE

Dear	Date

We're pleased to share with you that it's time for to transition to the room. The current rate of tuition in this room is $. Because we know that you may have questions about the new room, we are offering you the opportunity to schedule a conference with your child's new teacher. Please call and arrange a time that you could meet. Please bring a list of questions that you may have.

It is extremely important that your child has ample time to adjust to the new room, new classmates and teachers, therefore, we have arranged for your child to visit his/her new classroom periodically throughout the next few weeks beginning on .

Your child will visit on ☐ M ☐ T ☐ W ☐ R ☐ F ☐ Sat ☐ Sun
(check all that apply)

during these times .

Your child will permanently join the room on .

Please keep in mind that this is a tentative schedule and may include more or less time depending on how the child is coping with the transition.

Your signature below indicates that you grant us permission to allow your child to participate in our transitioning process. We appreciate your cooperation and look forward to your child's new beginning!

Sincerely,

Administrator	
Parent Signature	Date

Reset Form