



**Categorical Programs**  
**Early Childhood Education/ECEAP**

3900 Broadway Avenue

Everett, WA 98201

Phone: (425) 385-4068

Fax: (425) 385-4012

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

Dear (Parent/Guardian Name),

(Child's Name) has not been to preschool at ECEAP since (date). I have called you a number of times to check with you about \_\_\_\_\_'s attendance and to see if you wanted her/him to continue in ECEAP. Due to her/his long absence we are going to unenroll her/him as of (date – usually the beginning of next week).

We will place \_\_\_\_\_'s name on our waitlist. You may contact me if you are interested in bringing her/him back to ECEAP. My phone number is 425-385-\_\_\_\_\_.

If you want \_\_\_\_\_ to return to ECEAP, it will be essential for her/him to be at pre-school every day unless she/he is sick. Regular school attendance is very important and while preschool is not required, \_\_\_\_\_'s attendance now will establish habits for the rest of her/his schooling.

If you have any questions, please feel free to call or to come in to talk with me.

Sincerely,

(Name)  
(School) ECEAP  
Family Support