Parent Notification Statement

I am requesting a variance from Isanti County Family Services for

- ☐ my capacity so that I may care for additional child/children. I will be over my license capacity for (check one):
  - ☐ infants/toddlers (all children under 2 years old)
  - ☐ preschoolers (children from 2 to 5 years old)
  - ☐ schoolagers (children from 5 to 11 years old)
  - ☐ total capacity (over the total children allowed)
- ☐ other safety/licensing issue. Please describe: _____

_____

I am requesting the variance from _____ (date) to _____ (date) if the request if approved.

Please sign below to indicate that you have been informed of this variance request.

1. _____ Signature _____ Date
2. _____ Signature _____ Date
3. _____ Signature _____ Date
4. _____ Signature _____ Date
5. _____ Signature _____ Date
6. _____ Signature _____ Date
7. _____ Signature _____ Date
8. _____ Signature _____ Date
9. _____ Signature _____ Date
10. _____ Signature _____ Date
11. _____ Signature _____ Date
12. _____ Signature _____ Date
13. _____ Signature _____ Date
14. _____ Signature _____ Date
15. _____ Signature _____ Date
16. _____ Signature _____ Date