

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 _____ to _____ if the request is approved.
date date

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

1. _____
Signature Date
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16. _____
Signature Date