

Neighbors In Need of Services, Inc. (NINOS)
Head Start/Early Head Start Program

CHANGE OF MEETING DATE

Center: _____

Our scheduled meeting of:

_____ the _____ at _____
(Month) (Date) (Time)

Has been rescheduled to:

_____ the _____ at _____
(Month) (Date) (Time)

The reason for changing the date is:

Submitted by:

Parent Committee President Signature

Date

Area Manager / EHS Coordinator Signature

Date

Keep Yellow copy for your records
(2 part NCR paper)

Fam. Serv. 2016