

Reminder

Date _____

Family Child Care

Lia woldu

4020 69Th Street

San Diego CA 92115

Phone # 619-957-4443

Fax # 619-255-9290

liachildcare@hotmail.com

To parent of _____

Please do not forget to bring a copy of the following document with you

- *Shut recorded*
- *Birth certificate*
- *Insurance card*

Thank you

Sincerely

Lia woldu (provider)

Lia woldu

Signature

Family

