Parent Notification Statement

I am requesting a variance from Kanabec 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 (children 6 weeks to 1 year old)**
- ☐ **Toddlers (children 1 to 2 years old – 30 months for B and D licenses)**
- ☐ **Preschoolers (children from 2 to 5 years old)**
- ☐ **Schoolagers (children from 5 to 11 years old)**
- ☐ **Total capacity (over the total children allowed)**

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

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

1. _____ _____
Signature Date
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