CREATE A PORTRAIT OF
YOUR HEALTHY CHILD
SCHEDULE REGULAR
CHECK-UPS
AND FOLLOW-UP
APPOINTMENTS

This is a reminder of your plan to:

1. _____

2. _____

3. _____

Contact your family advocate:

Name _____

Phone _____

E-mail _____

Provided by Mid-America Head Start

600 Broadway, Suite 200, Kansas City, MO 64105-1659
tel 816/474.4240 | **fax** 816/421.7758 | **web** www.marc.org

MARC

Mid-America Regional Council
600 Broadway, Suite 200
Kansas City, MO 64105