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OMB Number: 0970-0151

Expiration Date: XX/XX/XXXX

# Reminder

The **FACES** team will be visiting your child's Head Start center soon to conduct activities with your child. If you haven't already done so, please sign your permission form and return it to your child’s teacher right away. If you do not have a permission form, please notify your child’s teacher. Thank you for participating in this important study!

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