

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Daycare Name]
[Daycare Address]
[City, State, ZIP Code]

Dear [Daycare Administrator/Director's Name],

Subject: MMR Vaccination History for [Child's Name]

I am writing to provide the vaccination history for my child, [Child's Name], as required for enrollment in [Daycare Name].

[Child's Name] was born on [Date of Birth] and has received the following vaccinations:

1. Measles, Mumps, and Rubella (MMR) Vaccine
 - Date of First Dose: [Date]
 - Date of Second Dose: [Date]

Please find enclosed a copy of [Child's Name]'s vaccination record for your reference. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]