

Pediatric Clinic Registration Follow-Up

Date: [Insert Date]

Dear [Parent/Guardian Name],

Thank you for registering your child with our pediatric clinic. We are excited to have your family as part of our community.

This letter serves as a confirmation of your child's registration. Please find the details below:

- **Child's Name:** [Child's Name]
- **Date of Birth:** [DOB]
- **Address:** [Address]
- **Contact Number:** [Contact Number]

If you have any questions or need to update any information, please feel free to contact us at [Clinic Phone Number] or [Clinic Email].

We look forward to seeing you and your child at their first appointment!

Warm regards,

[Your Name]

[Your Title]

[Pediatric Clinic Name]

[Clinic Address]

[Clinic Phone Number]

[Clinic Email]