



VPK PROGRAM CHANGES

Provider name: _____

Contact person: _____

Street address: _____

City/Zip: _____

Phone: _____

Fax: _____

Email: _____

**Note: Coalition must give prior approval before teachers or subs start.
Coalition must be informed when teachers leave or subs are in classrooms.**

Call 954-4830 ext. 4 and leave a detailed message. Then **FAX FORM** to the Coalition at [954-4831](tel:954-4831) or email jmirnov@earlylearningcoalitionsarasota.org

Teacher Changes Effective Date: _____

Teacher added – COALITION MUST GIVE PRIOR APPROVAL

Teacher's name: _____

VPK Class: _____

Documentation sent to ELC (required for approval): Yes ____ No ____

Teacher left – COALITION MUST BE INFORMED

Teacher's name: _____

VPK Class: _____

Note: Child Care Connection must give prior approval before children are switched from one class to another.

Call Joyce Miller-Porter at 556-1600 ext 110 for approval then **FAX FORM** to Child Care Connection at [556-1606](tel:556-1606) or email jmiller@childcareconnectionsarasota.org

Child Changes Effective Date: _____

Classroom Change – CCC MUST GIVE PRIOR APPROVAL

Child's name: _____

From VPK Class: _____ To VPK Class: _____

Reason for the change: _____

Disenrolled – CCC MUST BE INFORMED

Child's name: _____

VPK Class: _____