

VPK PROGRAM CHANGES

Revised 8/23/11



Provider name: _____ Contact person: _____

Street address: _____ City/Zip: _____

Phone: _____ Fax: _____ Email: _____

Note: Coalition must give prior approval before teachers start. Coalition must be informed when teachers leave. Include all necessary supporting documentation with this form.

Call Lisa Ellis at 954-4830 ext. 4 and leave a detailed message. Then FAX this form to 954-4831 or email lellis@earlylearningcoalitionsarasota.org

Teacher Changes

Desired Effective Date: _____

- ☐ Teacher added – Coalition must give prior approval

Teacher's name: _____ VPK Class: _____

Teacher's position: Lead ____ Assistant ____ Sub ____

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 Laura Woodson at 954-4830 ext. 116 and leave a detailed message. Then FAX this form to 954-4831 or email lwoodson@childcareconnectionsarasota.org.

Child Changes

Desired Effective Date: _____

- ☐ Classroom Change – Child Care Connection must give prior approval

Child's name: _____ From VPK Class: ____ To VPK Class: ____

Reason for the change: _____

Informed Parental Consent for Classroom Change

I have chosen to transfer my child to another VPK class at the same provider. I have been given information concerning the number of instructional hours remaining in the VPK class that I have selected for my child. I make this choice freely, knowing that once my child is transferred to the new program/class, he or she may not be eligible to complete the full instructional hours delivered by the provider's class if the provider's class extends beyond the remaining VPK instructional hours allowed for funding.

Parent Name: _____ Parent Signature: _____ Date: _____

Provider signature: _____ Date: _____

- ☐ Disenrolled – Child Care Connection must be informed

Child's name: _____ VPK Class: _____ Last Day of Attendance: _____