

# VPK PROGRAM CHANGES

Revised 8/30/11



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](mailto: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 556-1600 xt. 108 and leave a detailed message. Then FAX this form to 556-1606 or email [lwoodson@childcareconnectionsarasota.org](mailto: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 feely, 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: \_\_\_\_\_