Early Learning Coalition of Sarasota County Child Care Connection

2886-C Ringling Blvd Sarasota, FL 34237

MONTHLY VPK RETURN TO SERVICE FORM

Provider Nan	ne:		
Reporting Month:			
Please list the child's name, and whether or not they have returned to service after missing the last day of VPK for the month.			
If any child has not yet returned by the time of submission of this form, please indicate this information below and submit an <u>updated</u> form as soon as the last child returns.			
This information is needed because the VPK Attendance Policy states that, "An absence is not payable for an instructional day before a child's first day of attendance or after the child's last day of attendance ."			
Providers will not be paid for o service.	days missed	after the last da	ay of attendance, until the child has returned to
Child Name	Returned	Date	
	to Service Yes/No	Returned to Service	Comments
TD1 *** 6 *** 4 . 1 . 4 1	•	41 1	
This form is to be turned in <u>every month</u> along with attendance sheets to ensure that attendance is processed in a timely and precise manner.			
Signature of person completing this form:			
Date:			
Please submit to: Fax: (941) 256-9948 (Reimbursement fax line) Or Upload to Provider Portal			
*For Office Use Only			
Date Received:			
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