EARLY LEARNING COALITION OF SARASOTA COUNTY

Child Care Connection of Sarasota

2886-C Ringling Blvd

Sarasota, FL 34237

## MONTHLY VPK RETURN TO SERVICE FORM

**Provider Name**_____ **Reporting Month**: _____

**Please list the child's name, and whether or not they have returned to service after missing the last day of the month. If there are any special circumstances that you feel we need to be informed of please list them in the comment section.**

☐ Please call regarding _____

| Child Name | Returned to Service Yes/No | Date Returned to Service | Comments |
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**This form is to be turned in every month 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:**

**Child Care Connection of Sarasota**
**2886-C Ringling Blvd**
**Sarasota, FL 34237**
**Fax: (941)556-1606**
**Attn: Reimbursement Department**

***For Office Use Only***

Date Received: _____