Early Learning Coalition of Flagler and Volusia Counties

VOLUNTARY PRE KINDERGARTEN CLASSROOM DISENROLLEMENT

When this form should be used: When a child is disenrolled from a VPK Program either by parent decision or provider decision, this form must be completed and faxed to the ELCFV Reimbursement Department with supporting documentation. This will ensure accurate enrollment, funding and ELCFV complaint tracking.

Provider Name_____ Classroom___

Child's Name	Parent's Name	Certificate number	Last Day	Reason*	Supporting Documentation (Attach)

Please **Print** legibly
For classroom indicators use letters only (A, B, C, etc.)
Use this form to ensure accurate Disenrollment and payment

***Reason codes – 1 for parent decision, 2 for provider decision to disenroll**

Fax this form to ELCFV (386) 323-2432

VPK Classroom Disenrollement (revised 5/1/08)