Early Learning Coalition of Flagler and Volusia Counties

VOLUNTARY PRE KINDERGARTEN CLASSROOM ENROLLEES

When this form should be used: As Certificates of Eligibility are accepted by a Provider and children are assigned to classrooms, this form must be completed and submitted by fax to the ELCFV Reimbursement Department. Faxing this form to the ELCFV establishes the enrollment roster(s) for the Provider's funding.

Provider Name_____ Classroom___

Child's Name	Date of Birth	Parent's Name	Certificate Number	Date Enrolled (Physically attended)

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

Fax this form to ELCFV (386) 323-2432