

VPK Withdrawal/Termination Form ATTN: VPK Coordinator

This is to inform you that the following child has withdrawn or has been terminated from our VPK program:

Child's Name:		DOB:	_
Certificate #:		Class:	_
Parent's Nam	e:		
***Last day of a	ittendance (<u>must match attend</u>	ance roster):	
	Reason for Withdrawal/Te	rmination (check one):	
	Loss of contact Never Attended, No show Provider dropped child (beha	Moved out of the area Parent withdrew child vior and/or attendance issues)*	
*lf "P	vrovider dropped child" is indicate	d, a brief explanation is required:	
Name of VPK Provider's	s Center:		
Provider's Signature:		Date:	
	MAIL OR FAX TH	<u>IS FORM TO:</u>	
	ELC of Okaloosa an Attn: Sharon 107 Tupelo	Pierce Ave.	
	Fort Walton Beach Fax: 850-833		
	For official use	by ELC only:	
Date Received:	Date EFS u	pdated: EFS update	ed by:

The Early Learning Coalition of Okaloosa and Walton Counties

Serving the needs of families and communities with children under five years of age. E-mail the Coalition at <u>info@elc-ow.org</u> or visit the Coalition's website at <u>www.elc-ow.org</u>.