

Early Learning Coalition of Florida's Heartland, Inc.

www.elcfh.org

VPK Program Change Form FY 2010-2011

Provider Name _____ County _____

Submitted by _____ Title _____ Date: _____

Date change is to be effective (should be 15 days from your submittal date): _____

Note type of Change:

____ Staffing change (please explain the change below in the note section and attach all required staff documents for review)

____ Calendar change (please explain the change below in the note section and **attach updated calendar** from the ELCFH website)

____ Update to documents (please explain the type of update in the note section and attach appropriate documents such as DCF license renewal, Gold Seal renewal, Director Credential renewal or change, teacher credential renewals or FBI/FDLE/Local Law updates)

____ Classroom changes (please explain which children you have moved in the note section and attach rosters)

____ Other (please explain the situation in the note section and attach appropriate documents)

Note section:

Director Name: _____ Director Signature: _____

For office use only: Change approved ____ Change denied ____ Change effective date: _____

Copy mailed to provider: _____ by: _____



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"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." Margaret Mead

