

NOTIFICATION OF VOLUNTARY PREKINDERGARTEN (VPK) PROVIDER ACTION

Provider Name _____		
Address _____		
City _____	, FL _____	Zip _____

Change of Director (VPK 10)

Former Director: _____ New Director: _____

Effective Date of change: _____

- Submit updated VPK 10 Application and all required documents along with this form.

Change of Instructors

Former Instructor: _____ End Date: _____ Class ID: _____

New Instructor: _____ Start Date: _____

New Instructor SS# _____ Type: _____ Cert: Yes or No

Credential: _____ Degree: _____ Curriculum: _____

- Include copies of all required credential, literacy and Level 2 background screening results

Change of Schedule and/or Non-Instructional Days
(Submit updated VPK 11 B)

Calendar Identifier: _____ Effective Date of Change: _____

Previous Schedule/Non-Ins. days: _____

New Schedule/Non-Ins. days: _____

Delete VPK Class **OR** **Add VPK Class** (submit updated VPK 11 A&B)

Class Identifier: _____ Instructor Name: _____

Effective Date: _____

I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. If any of this information changes, I understand that the provider must submit updated information to the coalition, in writing, within 14 days of the change. I also understand that the provider is encouraged to submit updated information before a change is implemented as the provider may be out of compliance with the requirements of the VPK program if the changes are implemented before the coalition approves of the changes.

Signature of Authorized Representative

Printed Name of Authorized Representative

Date

FCI/VPK Use Only

Change Approved by: _____ Approval Date: _____

Provider ID# _____

