



NOTIFICATION OF VOLUNTARY PREKINDERGARTEN (VPK) PROVIDER ACTION-
TEMPORARY CLOSURE OF THE PROVIDER'S VPK SITE
WHICH IS BEYOND THE PROVIDER'S CONTROL

Please use this form to notify Family Central, Inc. of a temporary closure of the Provider's VPK
site which is beyond the Provider's control.

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Submitting Information: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Person Submitting Information: \_\_\_\_\_

Table with 2 columns: Date(s) of Event, Reason(s) for Closure. Multiple empty rows for data entry.

Please fax this form within 3 days of the temporary closure to 561-514-3356.

Thank you for your cooperation in this matter.

FCI/VPK use only:
Approved by: \_\_\_\_\_
Approved to begin/start on: \_\_\_\_\_
Date New Calendar Received: \_\_\_\_\_
N/A: \_\_\_\_\_
CC: VPK/SMP \_\_\_\_\_
Revised 3/10/10