

VPK Provider Change Request Form

To: ELC Pinellas Fax: 548-1509 **Provider Fax/E-mail:** _____

Name of Facility: _____ **EIN#** _____ **EXT** _____

Physical Address: _____

Lead Change **Aide Change** **Substitute** **Class Schedules** **New Dir/Owner**

<p>Requires new VPK 11A to reflect:</p> <p>Class ID _____</p> <p>Name: _____</p> <p><input type="checkbox"/> Lead <input type="checkbox"/> Aide <input type="checkbox"/> Substitute</p> <p>Start Date: _____</p> <p>Replaces / Removes:</p> <p>_____</p> <p>End Date: _____</p>	<p>Requires new VPK 11A to reflect:</p> <p>Class ID _____</p> <p>Name: _____</p> <p><input type="checkbox"/> Lead <input type="checkbox"/> Aide <input type="checkbox"/> Substitute</p> <p>Start Date: _____</p> <p>Replaces / Removes:</p> <p>_____</p> <p>End Date: _____</p>	<p>Requires new VPK 11A to reflect:</p> <p>Class ID _____</p> <p>Name: _____</p> <p><input type="checkbox"/> Lead <input type="checkbox"/> Aide <input type="checkbox"/> Substitute</p> <p>Start Date: _____</p> <p>Replaces / Removes:</p> <p>_____</p> <p>End Date: _____</p>
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Class Schedules (Open New/ Close Class)
Requires new Calendar Calculator and VPK 11B to reflect:

Class ID _____

Open New **Close**

Same Calendar as: _____

New Class Hours: _____ to _____

VPK school year schedules **must** equal 540 instructional hours and summer schedules 300 instructional hours.
Once a VPK program has begun, calendar changes will **only** be approved due to natural or building disasters.

Add the following VPK Instructional Dates:

Delete the following VPK Instructional Dates:

New Class Start Date: _____ New Class End 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.

Please Note:
Locally, ELC Pinellas requires all changes to be approved prior to implementation in order to ensure reimbursement for VPK. Failure to do so will result in a loss of funding.

Reported By: _____ **Date:** _____

Print Name: _____

Signature: _____

Director/Owner Changes
Requires new VPK 10 to reflect:

New Director: _____

Effective Date: _____ Cert.#: _____

Issue Date: _____ Expiration Date: _____

New Owner: _____

Effective Date: _____ EIN# _____

ELC VPK Staff Only

(1st) Request Received on: _____

(1st) Request Completed by/on: _____

(1st) Peopleware Entry: _____

(2nd) Request Approved by/on: _____

(Admin.) CCr&R Classroom Info Updated _____

(Admin.) VPK Finance (if needed) Notified on: _____

(Admin.) DCF VPK Website Updated (if needed) _____

(Admin.) Provider Notified on: _____