# VPK CHILD TERMINATION/WITHDRAWAL FORM

**Provider Name:** _____ **Confirmation Number:** _____

**Address:** _____

I am officially informing you that the following child(ren)
has/have been terminated/withdrawn from our VPK Program:

**1. Child's Name:** _____ **Date of Birth:** _____

**Address:** _____

Last day of attendance *(must match attendance roster):* _____
Reason for drop *(check one):*
❑ Loss of contact ❑Moved out of area ❑Never attended, no show
❑Parent withdrew child ❑ Provider dropped child (behavior or attendance issues)
❑Other *(please specify):* _____

**2. Child's Name:** _____ **Date of Birth:**_____

**Address:** _____

Last day of attendance *(must match attendance roster):* _____
Reason for drop *(check one):*
❑Loss of contact ❑ Moved out of area ❑Never attended, no show
❑Parent withdrew child ❑ Provider dropped child (behavior or attendance issues)
❑Other *(please specify):* _____

**3. Child's Name:**_____ **Date of Birth:** _____

**Address:** _____

Last day of attendance *(must match attendance roster):*_____
Reason for drop *(check one):*
❑Loss of contact ❑ Moved out of area ❑Never attended, no show
❑ Parent withdrew child ❑ Provider dropped child (behavior or attendance issues)
❑Other *(please specify):* _____

**Printed Name of Owner/Director:** _____

**Signature of Owner/Director**: _____

SUBMIT THIS FORM PROMPTLY TO: **Early Learning Coalition of Lake County**
1300 Citizens Blvd., Suite 206
Leesburg, Fl. 34748 (Fax: 352-435-0235)

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**For office use only:** Received on: EFS Updated on:
Received by: EFS Updated by:

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