

VPK Notification Form

Name of Facility: _____
Address: _____
EIN #: _____
Name of Director: _____

Please select the option (s) that represent the change(s) made and indicate any additional information where requested:

Change of VPK Instructor
Name of previous VPK instructor: _____

- Change in number of students
- Schedule change
- Change of director
- Change of ownership/corporation
- Change of facility name or address
- Addition of classroom(s)
- Cancellation of classroom:

Letter of classroom: _____
Name(s) of instructors of cancelled classroom: _____

Other
Explain: _____

Authorized Signature

Date

Printed Name

SUBMIT THIS FORM PROMPTLY TO:
Early Learning Coalition of Lake County
414 West Main Street, Suite 301
Leesburg, Fl. 34748
Phone: 352-435-0566 Fax: 352-435-0235

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