

PROVIDER NAME: _____

FAX TO THE EARLY LEARNING COALITION OF DUVAL: 369-3029

**PLEASE CIRCLE - FALL/WINTER/SUMMER
VPK CLASSROOM DISENROLLEES**

CHILD'S NAME	DOB	PARENT'S NAME	CERT	LAST DAY AT CENTER	TERMINATION REASON
1.					
2.					
3.					
4.					
5.					

*PLEASE PRINT LEGIBLY. *PLEASE USE THIS FORM TO ENSURE ACCURATE DISENROLLMENT AND PAYMENT.

NW

revised 7/05/07