



## VOLUNTARY PRE-KINDERGARTEN PROVIDER ADVANCE PAYMENT OPTION FORM

This form must be completed for each program period, Fall, Winter or Summer.

Program Period \_\_\_\_\_

Please enter your VPK program start and end date.

**Example: 08/24/09 – 06/11/09 – Fall Program**

\_\_\_\_\_ I **DO** want an advance payment each month for my VPK class/classes.

\_\_\_\_\_ I **DO NOT** want an advance payment for my VPK class/classes beginning \_\_\_\_\_. I understand that my first payment for my class/classes will not be until my VPK rosters are processed for this period.

Example: August 2009 VPK rosters will be processed in September and my first payment will be on September 29, 2009.

**I understand this payment process is for the program period, fall, winter or summer.**

Provider Name \_\_\_\_\_

Please enter your Center/FCCH name.

Director/Owner Signature \_\_\_\_\_