

PROVIDER NAME: _____

FAX TO THE EARLY LEARNING COALITION OF DUVAL: 208-2049 OR 208-2043

**PLEASE CIRCLE - FALL/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