



## School Readiness Program

### Voluntary Termination of Provider Participation

FY 2008/2009

As the authorized representative for this facility, I acknowledge that I have been provided with the information necessary to determine that my facility does NOT wish to participate as a School Readiness Provider at this time for FY 2008-2009. Furthermore, I certify that I understand that payments for children served in the School Readiness Program will terminate July 1, 2008.

**Facility Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Print of Type Name** **Title**

Please submit the completed form by **June 1, 2008** to:

**Alicia A. McGill**  
**School Readiness Programs**  
**207 Kelsey Lane, Suite K**  
**Tampa, FL 33619**