



EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY  
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM  
PROVIDER CHANGES FOR SCHOOL YEAR/SUMMER  
FORM ELCHC-VPK 16

Rev. October 19, 2011

VPK Providers who make program changes for the remainder of the VPK school year or summer program must submit written notice to the Coalition. These changes include: the completed VPK 16 Form along with the corresponding VPK 10, VPK 11A, VPK 11B, and required supporting documents. Please check all that apply. Staff changes cannot reflect the same Start/End Date. **Please Note:** If making multiple changes, please use additional VPK 16 forms as needed. **Mail or deliver this completed form and all supporting documentation to the Coalition's Bay Plaza office at: 9325 Bay Plaza Blvd., Suite 210, Tampa, FL 33619 or Fax to (813) 740-4723.**

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

Provider Address: \_\_\_\_\_

**VPK 10 Changes**

Previous Director: \_\_\_\_\_ End Date: \_\_\_\_\_

New Director: \_\_\_\_\_ Start Date: \_\_\_\_\_

Other Change: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**VPK 11A Changes**     Lead     Aide     Substitute    Classroom Identifier \_\_\_\_\_

Previous Staff: \_\_\_\_\_ End Date: \_\_\_\_\_

New Staff: \_\_\_\_\_ Start Date: \_\_\_\_\_

Replace     Remove     Add    Effective Date: \_\_\_\_\_

Changed Classroom Capacity    From: \_\_\_\_\_    To: \_\_\_\_\_    Effective Date: \_\_\_\_\_

Other Change: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**VPK 11B Changes**    Classroom Identifier \_\_\_\_\_

Changed Dates(s): \_\_\_\_\_ From Instructional to Non-instructional **and/or**

Changed Date(s): \_\_\_\_\_ From Non Instructional to Instructional **and/or**

Change Start Date:    From: \_\_\_\_\_    To: \_\_\_\_\_    Effective Date: \_\_\_\_\_

Change End Date:    From: \_\_\_\_\_    To: \_\_\_\_\_    Effective Date: \_\_\_\_\_

Schedule Change:    From: \_\_\_\_\_    To: \_\_\_\_\_    Effective Date: \_\_\_\_\_

Other Change: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Classroom Identifier: \_\_\_\_\_ Classroom Opened     Classroom Closed     Effective Date: \_\_\_\_\_

My signature below indicates that I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. If any of this information changes, I understand that the provider must submit updated information to the Coalition, in writing, within 14 days of the change. I also understand that the provider is encouraged to submit updated information before a change is implemented as the provider may be out of compliance with the requirements of the VPK program if the changes are implemented before the Coalition approves of the changes.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Representative

**Mail or deliver this completed form to: 9325 Bay Plaza Blvd., Suite 210, Tampa, FL 33619 or Fax to (813) 740-4723**

**OFFICIAL USE ONLY**

\_\_\_\_\_  
Process Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Process Manager

\_\_\_\_\_  
Date