



# Provider Request to Terminate Services

VPK Program  
(Rev. 10.5.17)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Program Type:  VPK School Year Program  VPK Summer Program

**If a VPK class has four (4) or fewer children enrolled, the VPK provider must submit written documentation to the Coalition regarding the child's noncompliance with the provider's conduct or attendance policies within three (3) business days after the child's dismissal from the VPK program.**

List the children whose services are being terminated.

Name of child	Last Date of Attendance	Reason for Termination

**Provider, submit this completed form to:**

Early Learning Coalition  
Family Services  
6800 N. Dale Mabry Highway, Suite 158  
Tampa, FL 33614  
Main Phone: (813) 515-2340  
VPK Only Fax: (813) 434-2077

<b>OFFICE USE ONLY:</b>	
Date Received: _____	Received by: _____
Termination Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed: _____
Termination Completed By: _____	