Form ELCB –VPK-003

Early Learning Coalition of Brevard County, Inc.

Return completed form to ELC Reimbursement Specialist by fax: 321-637-7243
or by mail: PO Box 560692, Rockledge, FL 32956

Provider Name: _____ Date: _____

Child's Name	Child's D.O.B.	Parent / Guardian Name	Certificate Number	Enrollment Date	Class A, B, C	Remaining Hours As of Date (*If applicable*)	Confirmation Number *(Issued by ELC)*

Submitted by: _____ Phone Number: _____

Upon receipt, the ELC Data Specialist will enroll each child in the classroom specified above and return this document to the Provider with a confirmation number indicating enrollment of each child for payment purposes.