

Early Learning Coalition of Sarasota County

Child Care Connection

2886-C Ringling Blvd
Sarasota, FL 34237

MONTHLY VPK RETURN TO SERVICE FORM

Provider Name _____

Provider ID: _____

Reporting Month: _____

In order to process attendance accurately and on time this form must be turned in every month **for any child who did not attend VPK the last day of the month.** Please submit the form along with attendance sheets or as soon as you have this information.

This information is needed because the VPK Attendance Policy states that, "An absence is **not payable** for an instructional day before a child's first day of attendance or **after the child's last day of attendance.**"

Providers will not be paid for days missed **after the last day of attendance** until the child has returned to service.

Please list the child's name and whether or not they have returned to service after missing the last day of the month. Note any special circumstances in the comments section.

Please call regarding _____

Child Name	Returned to Service Yes/No	If Yes, Date Returned to Service	Comments

Signature of person completing this form: _____

Date: _____

Please submit to: Child Care Connection
2886-C Ringling Blvd
Sarasota, FL 34237
Fax: (941)556-1606
Attn: Reimbursement Department

**For Office Use Only*

Date Received: _____