



EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY  
**VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM  
 PROVIDER REQUEST TO TERMINATE SERVICES**

Form  
**ELCHC - VPK 02**  
**March 10, 2010**

**Provider Information**

Name	_____	Phone	_____
Address	_____	Fax	_____
City	_____	Email	_____
State	_____		
Zip Code	_____		

**List the children whose services are being terminated.**

***Please note: 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.***

Name	Last Date of Attendance	Reason for Termination

**Submit form to:**

**VPK Processing Center**

School Readiness Program  
 9325 Bay Plaza Blvd., Suite 210  
 Tampa, FL 33619  
 (813) 740-4713  
 Fax: (813) 740-4723

**For Official Use Only**

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Termination Completed  Yes  No

Completed by \_\_\_\_\_

Date Completed \_\_\_\_\_