Early Learning Coalition of Santa Rosa County

VPK Change Form

Program Name: _____ **Program Year:** _____

☐ **Temporary change in classroom teacher (substitute):**

Class Identifier: _____ (A, B, C, etc)

Date From _____ To _____

Substitute's name: _____ SSN: _____

☐ **Classroom changes:**

1) Effective Date of Change: _____ Class Identifier: _____ (A, B, C, etc)

Capacity: VPK # _____ Non-VPK # _____ TOTAL # _____

Cancellation of Class _____ (A, B, C, etc) Reason: _____

2) Effective Date of Change: _____ Class Identifier: _____ (A, B, C, etc)

Capacity: VPK # _____ Non-VPK # _____ TOTAL # _____

Cancellation of Class _____ (A, B, C, etc) Reason: _____

3) Effective Date of Change: _____ Class Identifier: _____ (A, B, C, etc)

Capacity: VPK # _____ Non-VPK # _____ TOTAL # _____

Cancellation of Class _____ (A, B, C, etc) Reason: _____

Authorized Signature: _____ Date: _____

Fax this form to the ELC's Milton Office (850) 983-5445

ELC Staff Signature/Date: _____ EFS System Date: _____