



VPK Change Notification Form

Pinellas County Providers

Early Learning Coalition
of Pinellas County
2536 Countryside Blvd
Suite 500
Clearwater, FL 33763
Phone 727-548-1439
Fax 727-400-4472

www.elcpinellas.net



PROVIDER NAME _____		
ADDRESS _____	CITY/STATE _____	ZIP _____

Please select the option(s) that represent the change(s) made and indicate any additional information where requested.

<input type="checkbox"/>	CHANGE OF VPK LEAD TEACHER (A VPK11A Form needs to be attached)	NAME OF NEW LEAD _____ CLASS ID _____ NAME OF PREVIOUS LEAD _____									
<input type="checkbox"/>	CHANGE OF VPK AIDE (A VPK11A Form needs to be attached)	NAME OF NEW AIDE _____ CLASS ID _____ NAME OF PREVIOUS AIDE _____									
<input type="checkbox"/>	CHANGE OF DIRECTOR (A VPK10 Form needs to be attached)	NAME OF NEW DIRECTOR _____ NAME OF PREVIOUS DIRECTOR _____									
<input type="checkbox"/>	CHANGE ON CONTACT INFORMATION	EMAIL ADDRESS _____ PHONE NUMBER _____									
<input type="checkbox"/>	CHANGE OF SUBSTITUTE (A VPK11A Form needs to be attached)	NAME OF NEW SUB _____ NAME OF PREVIOUS SUB _____									
<input type="checkbox"/>	ADDITION OF SUBSTITUTE(S) (A VPK11A Form needs to be attached)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME(S) _____</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME(S) _____</td> <td></td> <td></td> <td></td> </tr> </table>	NAME(S) _____				NAME(S) _____				
NAME(S) _____											
NAME(S) _____											
<input type="checkbox"/>	DELETE AN AIDE OR A SUBSTITUTE	NAME _____ CLASS ID _____									
<input type="checkbox"/>	NAME OF NEW OWNERSHIP / CORPORATION (copy of the IRS Form SS-4 or 14-C needs to be attached)	NEW NAME _____ OLD NAME _____									
<input type="checkbox"/>	CHANGE OF FACILITY NAME OR ADDRESS	NEW NAME OR ADDRESS _____									
<input type="checkbox"/>	CHANGE IN CLASS CAPACITY	CLASS ID _____ FROM _____ TO _____									
<input type="checkbox"/>	SCHEDULE CHANGE (A VPK11B Form for hours, calendar change, along with Calendar Calculator for all calendar changes needs to be attached)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">CLASS ID _____</td> <td style="width: 20%;">NEW START DATE _____</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="3">ADD VPK INSTRUCTIONAL DATES _____</td> </tr> <tr> <td colspan="3">ADD VPK NON-INSTRUCTIONAL DATES _____</td> </tr> </table>	CLASS ID _____	NEW START DATE _____		ADD VPK INSTRUCTIONAL DATES _____			ADD VPK NON-INSTRUCTIONAL DATES _____		
CLASS ID _____	NEW START DATE _____										
ADD VPK INSTRUCTIONAL DATES _____											
ADD VPK NON-INSTRUCTIONAL DATES _____											
<input type="checkbox"/>	ADD CLASSROOM - CLASS ID _____ (A VPK11A forms needs to be attached. If changing or adding a new schedule then a VPK11B and possibly a VPK Calendar Calculator needs to be attached)	LEAD TEACHER NAME _____ AIDE NAME _____ SAME CALENDAR AS _____ BEGINNING DATE _____ ENDING DATE _____ NEW CLASS HOURS _____									
<input type="checkbox"/>	CLOSING OF CLASSROOM - CLASS ID _____	LEAD TEACHER NAME _____ AIDE NAME _____ ENDING DATE _____									

I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. If any of this information changes, I understand that the provider must submit updated information to the coalition, in writing, within 14 days of the change. I also understand that the provider is encouraged to submit updated information before a change is implemented.

SIGNATURE OF DIRECTOR/OPERATOR/PRINCIPAL OR AUTHORIZED REPRESENTATIVE _____		DATE _____
PRINT NAME & TITLE _____	DATE _____	DATE _____

ELC VPK Staff Only

(1st)Request Received on: _____	CCR&R Classroom Info Updated: _____
(1st)Request Completed by/on: _____	DCF VPK Website Update: _____
(2nd)Request Approved by/on: _____	Provider Notified on: _____
<input type="checkbox"/> Portal <input type="checkbox"/> Email	