



**VPK Change Notification Form**  
 Pinellas County Providers

PROVIDER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

<b>CHANGE OF VPK LEAD TEACHER</b> <small>(A VPK11A Form needs to be attached)</small>	NAME OF NEW LEAD _____
CLASS ID _____	NAME OF PREVIOUS LEAD _____
<b>CHANGE OF VPK AIDE</b> <small>(A VPK11A Form needs to be attached)</small>	NAME OF NEW AIDE _____
CLASS ID _____	NAME OF PREVIOUS AIDE _____
<b>CHANGE OF DIRECTOR</b> <small>(A VPK10 Form needs to be attached)</small>	NAME OF NEW DIRECTOR _____
	NAME OF PREVIOUS DIRECTOR _____
<b>CHANGE ON CONTACT INFORMATION</b>	EMAIL ADDRESS _____
	PHONE NUMBER _____
<b>CHANGE OF SUBSTITUTE</b> <small>(A VPK11A Form needs to be attached)</small>	NAME OF NEW SUB _____
	NAME OF PREVIOUS SUB _____
<b>ADDITION OF SUBSTITUTE(S)</b> <small>(A VPK11A Form needs to be attached)</small>	NAME(S) _____
	NAME(S) _____
<b>DELETE AN AIDE OR A SUBSTITUTE</b> <small>(Please circle the appropriate one)</small>	NAME _____
	CLASS ID _____
<b>NAME OF NEW OWNERSHIP / CORPORATION</b> <small>(copy of the IRS Form SS-4 or 14-C needs to be attached)</small>	NEW NAME _____
	OLD NAME _____
<b>CHANGE OF FACILITY NAME OR ADDRESS</b>	NEW NAME OR ADDRESS _____

<b>CHANGE IN CLASS CAPACITY</b>	CLASS ID _____
	FROM _____ TO _____
<b>SCHEDULE CHANGE</b> <small>(A VPK11B Form for hours, calendar change, along with Calendar Calculator for all calendar changes needs to be attached)</small>	CLASS ID _____ NEW START DATE _____
	ADD VPK INSTRUCTIONAL DATES _____
	ADD VPK NON-INSTRUCTIONAL DATES _____
<b>ADD CLASSROOM - CLASS ID _____</b> <small>(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)</small>	LEAD TEACHER NAME _____
	AIDE NAME _____
	SAME CALENDAR AS _____
	BEGINNING DATE _____
	ENDING DATE _____
	NEW CLASS HOURS _____
<b>CLOSING OF CLASSROOM - CLASS ID _____</b>	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	Electronic Signature	DATE
PRINT NAME & TITLE		DATE

**ELC VPK Staff Only**

1 <sup>st</sup> Request Received by/on: _____	EFS Update _____
1 <sup>st</sup> Request Completed by/on: _____	People Ware Update _____
2 <sup>nd</sup> Request Approved by/on: _____	DCF VPK Website Update: _____

Provider Notified on: \_\_\_\_\_  Portal  Email

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