

## **VPK CHILD DELETE FORM**

Provider Name: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_

Address: \_\_\_\_\_

**I am officially informing that the following child(ren) have been terminated/withdrawn from our VPK Program:**

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Last day of attendance (*must match attendance roster*): \_\_\_\_\_

Reason for drop (*check one*):

- Loss of contact       Moved out of area       Never attended, no show  
 Parent withdrew child       Provider dropped child (behavior or attendance issues)  
 Other (*please specify*): \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Last day of attendance (*must match attendance roster*): \_\_\_\_\_

Reason for drop (*check one*):

- Loss of contact       Moved out of area       Never attended, no show  
 Parent withdrew child       Provider dropped child (behavior or attendance issues)  
 Other (*please specify*): \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Last day of attendance (*must match attendance roster*): \_\_\_\_\_

Reason for drop (*check one*):

- Loss of contact       Moved out of area       Never attended, no show  
 Parent withdrew child       Provider dropped child (behavior or attendance issues)  
 Other (*please specify*): \_\_\_\_\_

Printed Name of Owner/Director: \_\_\_\_\_

Signature of Owner/Director: \_\_\_\_\_

### **SUBMIT THIS FORM PROMPTLY TO:**

Community Coordinated Care for Children, Inc. (4C)  
Attn: VPK Manager – Orange County  
3500 West Colonial Drive  
Orlando, FL 32808  
Fax: (407) 445-7360

**For office use only:**

Received on: Received by:	EFS Updated on: EFS Updated by:
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