



CHILD DELETE FORM

Orange County Voluntary Pre-Kindergarten Program (VPK)



When terminating a child from your VPK program, you must submit a CHILD DELETE FORM.

- This form should be submitted promptly when a child is terminated;
- You may include more than one child per form;
- The 'Last Day Attended' entered below must match your VPK attendance sheet;
- If you mark a child terminated on your attendance sheet, you must submit a child delete form to the VPK Department if you have not submitted one previously.
- CHILD DELETE FORMS may be faxed, mailed, or submitted in person. (See address & fax number below.)

Provider Name: _____ Vendor Number: _____

Address: _____ Phone: _____

Child Last Name, First Name	Date of Birth (MM/DD/YY)	Last Day Attended	Termination Code <small>See below; choose only one termination code</small>
1.	/ /	/ /	
2.	/ /	/ /	
3.	/ /	/ /	
4.	/ /	/ /	

TERMINATION CODES	REASON	BRIEF EXPLANATION
01	SAFETY OF OTHER CHILDREN	
02	OVER STIMULATION	Child care setting provided too much stimulation for the child
03	PROV PHYSICAL LIMITATIONS	Physical limitations of child care provider
04	NOT CHALLENGING	Child care setting not challenging enough for child
07	BEHAVIOR PROBLEMS	Child care provider dismisses child due to child's behavior
08	FAIL TO MEET EXPECTATIONS	Child care provider does not meet parent or guardian's expectations
09	LACK OF RESOURCES	Parent or guardian lacks resources necessary to keep child in care
20	ELIGIBLE NEVER ENROLLED – <i>CHILD NEVER ATTENDED</i>	Child was determined eligible for services but never enrolled with a child care provider
25	PARENT WITHDREW CHILD (*enter reason in next column)	Parent/guardian withdrew child from the program due to following reason(s): _____ _____
45	CHILD DECEASED	Child deceased
49	MOVED OUT OF SVC AREA	Client moved out of the county in which funding is currently provided
52	PARENT/CAREGIVER DECEASED	Client deceased
AP	ATTENDANCE POLICY	Provider dismissed child for noncompliance with the provider's attendance policy

Provider Signature: _____ Date: ____/____/____

4C USE ONLY:

Date Received: ____/____/____	Staff Initials: _____	EFS Updated on: ____/____/____
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COMMUNITY COORDINATED CARE FOR CHILDREN, INC (4C)
 3500 W. COLONIAL DRIVE, ORLANDO, FL 32808
 VPK FAX: 407-532-4595 or Email to your VPK Enrollment Specialist