



VPK Termination/Withdrawal Form

Provider's Name: _____

This is to inform you that the following child(ren) have been terminated/withdrawn from our VPK program:

1. Child's Name _____ DOB: _____

Last day of attendance (must match attendance roster): _____

Reason for termination/withdrawal (check one):

- Loss of contact Moved out of area Never attended, no show
 Parent withdrew child Provider dropped child (behavior and/or attendance issues)

*If 'Provider dropped child' is indicated, a brief explanation is required:

2. Child's Name _____ DOB: _____

Last day of attendance (must match attendance roster): _____

Reason for termination/withdrawal (check one):

- Loss of contact Moved out of area Never attended, no show
 Parent withdrew child Provider dropped child (behavior and/or attendance issues)

*If 'Provider dropped child' is indicated, a brief explanation is required:

Provider's Signature: _____ Date: _____

MAIL OR FAX THIS FORM TO:

Episcopal Children's Services
Attn: VPK
8443 Baymeadows Rd, Suite 1
Jacksonville, FL 32256
Fax: 904.726.1522

For office use only:

Received on:	EFS updated on
	By: