VOLUNTARY PREKINDERTEN PROGRAM
PROVIDER REQUEST FOR DISMISSAL OF CHILD(REN)

Date_____

Provider Information

Name: _____

Address: _____

Phone: _____ Email: _____

List the children who are being dismissed

Name	DOB	Last Day of Attendance	Reason for Dismissal
			☐ Loss of Contact ☐ Moved Out of Area ☐ Parent Withdrew ☐ Never Attended ☐ Provider Dropped ☐ Other _____
			☐ Loss of Contact ☐ Moved Out of Area ☐ Parent Withdrew ☐ Never Attended ☐ Provider Dropped ☐ Other _____
			☐ Loss of Contact ☐ Moved Out of Area ☐ Parent Withdrew ☐ Never Attended ☐ Provider Dropped ☐ Other _____
			☐ Loss of Contact ☐ Moved Out of Area ☐ Parent Withdrew ☐ Never Attended ☐ Provider Dropped ☐ Other _____
			☐ Loss of Contact ☐ Moved Out of Area ☐ Parent Withdrew ☐ Never Attended ☐ Provider Dropped ☐ Other _____

Signature of
Owner/Operator: _____ Date: _____

Print Name: _____

Submit by mail or fax to:

Community Coordinated Care for Children (4C)
ATTN: Osceola County VPK
2220 E. Irlo Bronson Memorial Hwy Unit 7
Kissimmee, Fl 34744
FAX: (321) 219-6017

For Office Use Only

Date Received _____
Received By _____
Termination Completed ☐ Yes ☐ No
Completed By _____
Date Completed _____

Note: A copy of the signed parent acknowledgement and receipt of the VPK provider's attendance policy for the child(ren) being dismissed must be attached to this form.

Due within FIVE (5) calendar days from the date of dismissal.

Effective 2.16