



VPK CHANGE NOTIFICATION FORM

NAME OF FACILITY: _____

ADDRESS: _____

NAME OF DIRECTOR: _____

Please indicate below, change(s) made to your VPK program and provide additional information where requested:

LEAD VPK TEACHER
 LETTER OF CLASSROOM _____
 PREVIOUS LEAD TEACHER _____
 NEW LEAD TEACHER _____

ASSISTANT VPK TEACHER
 LETTER OF CLASSROOM _____
 PREVIOUS ASSISTANT TEACHER _____
 NEW ASSISTANT TEACHER _____

CHANGE IN CLASS SIZE (ATTACH REQUIRED PAPERWORK)
 LETTER OF CLASSROOM _____

ADDITION OR CANCELLATION OF CLASSROOM(S)
 LETTER OF CLASSROOM _____
 LEAD TEACHER _____
 ASSISTANT TEACHER _____

ADDITION OF SUBSTITUTE
 NEW SUBSTITUTE TEACHER _____

CHANGE OF DIRECTOR (ATTACH NEW OEL-VPK 10)

OTHER (explain) _____

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 as the provider may be out of compliance with the requirements of the VPK program if the changes are implemented before the Coalition approves the changes.

Signature of Provider Representative

Print Name

Date

*** Please return this form to your VPK Specialist**