Form ELCB-VPK-003

Early Learning Coalition of Brevard County, Inc.

VPK PROVIDER ENROLLMENT FORM

Return completed form to ELC Reimbursement Specialist by fax: 321-637-7243
or by mail: PO Box 560692, Rockledge, FL 32956

Provider Name: _____ Date: _____

Child's Name	Child's D.O.B.	Parent / Guardian Name	Certificate Number	Enrollment Date	Class A, B, C	ELC OFFICE USE ONLY: Remaining Hours As of Date (if applicable)	ELC OFFICE USE ONLY: Confirmation Number *(Issued by ELC)*

Submitted by:_____ Phone Number: _____

Upon receipt, the ELC Data Specialist will enroll each child in the classroom specified above and return this document to the Provider with a confirmation number indicating enrollment of each child for payment purposes.

Revised 3/27/2014