



## NOTIFICATION OF SCHOOL READINESS CHILD TERMINATION

Please list child/children whose School Readiness services are to be terminated.

Do not terminate *SCHOOL AGE* children that will be attending on in-service days, holidays, or during school breaks.

| CHILD'S NAME | LAST DAY OF ATTENDANCE | REASON FOR DISENROLLMENT |
|--------------|------------------------|--------------------------|
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### PROVIDER'S INFORMATION

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Person Reporting Termination: \_\_\_\_\_

Signature of Reporting Person: \_\_\_\_\_

### Submit by mail or fax to:

**Early Learning Coalition of Brevard**  
**Attn: Reimbursement Department**  
**P.O. Box 560692**  
**Rockledge, Fl. 32956-0692**  
**FAX: (321) 637-7243**