



**EARLY LEARNING COALITION OF BREVARD COUNTY  
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM  
CHILD DISENROLLMENT FORM**

**Provider Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ Email \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_

**List the children who are disenrolling from your program.**

Name	Last Day Attended	Reason for Disenrollment

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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**

**For Official Use Only**

**Date Received** \_\_\_\_\_  
 Received By \_\_\_\_\_  
 Termination Completed  Yes  No  
 Completed By \_\_\_\_\_  
 Date Completed \_\_\_\_\_