



Early Learning Coalition of the Nature Coast  
Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

Voluntary Prekindergarten Provider Agreement Amendment

The State of Florida Voluntary Prekindergarten Education Program Statewide Provider Agreement States: *PROVIDER certifies that it has registered with COALITION on forms prescribed by the Agency, that any information supplied by the PROVIDER is accurate and complete, and that it will notify COALITION within 14 calendar days of any change of the information submitted on those forms. PROVIDER is encouraged to notify COALITION prior to implementing changes as changes may result in PROVIDER's failure to comply with all VPK qualifications and requirements.*

This Amendment authorizes the Coalition to update the information provided on the VPK application submitted by:

Name of provider: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_

Circle VPK Program Type: School-Year or Summer Class Identifier: \_\_\_\_\_

New Instructor Information:

Lead Instructor

Name: \_\_\_\_\_ Replacing: \_\_\_\_\_

Qualifying credential: \_\_\_\_\_ Highest degree: \_\_\_\_\_ Start date in classroom: \_\_\_\_\_

Assistant Instructor

Name: \_\_\_\_\_ Replacing: \_\_\_\_\_

Qualifying credential: \_\_\_\_\_ Highest degree: \_\_\_\_\_ Start date in classroom: \_\_\_\_\_

Substitute

Name: \_\_\_\_\_ Replacing: \_\_\_\_\_

Qualifying credential: \_\_\_\_\_ Highest degree: \_\_\_\_\_ Start date in classroom: \_\_\_\_\_

Requested changes **WILL NOT** be approved until all background screening and educational credential documents have been received and approved by the Coalition.

Certification Statement:

*"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 of the changes."*

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_