



Provider VPK Notice of Termination

VPK Provider/Site: _____

Parent/Guardian: _____

Name of Child: _____

Last Day of Attendance in VPK: _____

Number of Days Attended During Month of Termination: _____

Reason for Termination:

Excessive Absences

Never Attended

Parental Choice

Other: Explain: _____

VPK Program Representative

Date

Client Services Counselor

Date

ELCNC use only:

Copy: Client File

Provider

Parent/Guardian

ELCNC-299 Rev. 2 9/1/11

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