



School Readiness OR VPK Change Notification

As required by my Contract I need to report changes within the designated timelines. ONLY fill in the section that affect your change(s) and email to ELC Contract Specialist or Fax to 727-400-4472

Provider Licensed Name: _____		Date: _____	
Reported by: _____		Contact Phone # _____	
<input type="checkbox"/> Provider Name Change	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Director Change	<input type="checkbox"/> Phone, Email, Fax change
<input type="checkbox"/> Ending My Contract			

PROVIDER NAME CHANGE

Old Provider Name _____	Effective Date _____
New Provider Name _____	Effective Date _____

OWNERSHIP CHANGE

Ownership Change From _____	Effective Date _____
Ownership Change To _____	Effective Date _____

DIRECTOR CHANGE

Previous Director _____	Effective Date _____
New Director _____	Effective Date _____

PHONE #, EMAIL OR FAX # CHANGE

Phone Number _____	Effective Date _____
Email Address _____	Effective Date _____
Fax Number: _____	Effective Date _____

ENDING MY AGREEMENT

Contract End Reason: _____	Effective Date _____
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Signature/Title	Date
<input type="checkbox"/> Electronic Signature	