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## Agency for Workforce Innovation – Office of Early Learning Voluntary Prekindergarten Education Program Class Registration Application - Calendars

Updated Application & Date:	
☐ No Change	

Provider Name:			Pr	Program Year: Employer Identification Number:			ber:			
Class Calendar (enter letter):			Cla	ss Calendar (enter letter):						
Program Type: School Year (540 hours) Summer (300 hours)	Start Dat	e:	End Date:		ogram Type: ] School Year (540 hours) ] Summer (300 hours)	urs)	Start Dat	te:	End Date:	
VPK Days Per Week	Times of VPK Instruction		VPK Days Per Week			Times of VPK Instruction				
Monday					Monday					
Tuesday					Tuesday					
Wednesday					Wednesday					
☐ Thursday					Thursday					
Friday					Friday					
Saturday				Ļ	Saturday					
Sunday				L	Sunday					
Non-Instructional Dates Between Class Start and End Dates					Non-Instructiona	l Dates	Between Class	Start an	d End Dates	
Class Calandar (antar latter)				CI.	C-ll /tl-					
Class Calendar (enter letter):	Chart Dat		Find Date:		ass Calendar (enter le	etter):	Chart Dat		Fuel Date:	
Program Type:	Start Dat	:e:	End Date:	Pr	ogram Type:		Start Dat	te:	End Date:	
School Year (540 hours) Summer (300 hours)				l	School Year (540 ho Summer (300 hours)					
VPK Days Per Week	Times of	VDK Inct	ruction	V	K Days Per Week	)	Times of	VDK Inc	truction	
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Tuesday				┝	Tuesday					
Wednesday				Ħ	Wednesday					
Thursday				F	Thursday					
Friday				Ħ	Friday					
Saturday				Ī	Saturday					
Sunday				Ē	Sunday					
Non-Instructional Dates Between Class Start and End Dates			End Dates		Non-Instructiona	l Dates	Between Class	Start an	d End Dates	
I certify that to the best of my knowledge and belief, the information provided is true and correct. If any information changes, the provider will notify the coalition within 14 days. Changes implemented prior to receipt of coalition approval may result in noncompliance with VPK requirements.										
Signature of Authorized Representative:					By Electronic Signa	ture	Date:			
Print Name of Authorized Representative:					Daytime Phone Number:			er:		
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OFFICIAL USE ONLY		D		l -	NA			<b>.</b>		
Process Agent		Date		Pr	ocess Manager			Date		