ELC OFFICE LISE ONLY



Early Learning Coalition of Brevard County, Inc.

VPK PROVIDER ENROLLMENT FORM

Return completed form to ELC Reimbursement Specialist by fax: 321-637-7243 or by mail: PO Box 560692, Rockledge, FL 32956

Provider Name: ______

Date: _____

Child's NameChild's NameParent / Guardian NameCertificate NumberEnrollment DateClass SA, B, CRemaining Hours As of DateConfirmation Number (isued by ELC)Image: State Sta					•	
Image: series of the series	Child's Name	Child's D.O.B.	Certificate Number	Class A, B, C	As of Date	Confirmation Number (Issued by ELC)
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Submitted by:______ Phone Number: ______ Upon receipt, the ELC Data Specialist will enroll each child in the classroom specified above and return this document to the Provider with a confirmation number indicating enrollment of each child for payment purposes.