



Episcopal Children's Services

VPK Classroom Closure Form

Provider's Name _____

Address _____

Phone Number _____ Email address _____

We are requesting that our VPK application for the following classroom(s) be closed:

Classroom _____
Lead Instructor _____
Closure is effective _____
Mark one: School Year Summer

Classroom _____
Lead Instructor _____
Closure is effective _____
Mark one: School Year Summer

Classroom _____
Lead Instructor _____
Closure is effective _____
Mark one: School Year Summer

I am attesting that no child(ren) are enrolled in the classroom(s) above.

Director's Name _____

Director's Signature _____ Date _____

**Please send (fax, mail or email) completed form to the VPK Department
(904.726.1522) 100 Bell Tel Way, Suite 100 Jacksonville, FL 32216.**

For official use only:

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| Notes & Comments: |
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