



TRANSMITTAL COVER SHEET

Documents delivered to the
Early Learning Coalition of Southwest Florida

DATE: _____

ATTENTION: _____
(Name of person/department to receive documents, if known)

- REIMBURSEMENT *(Attendance sheets, payment)*
- PROVIDER SERVICES *(VPK or SR provider packets, notification of provider changes)*
- PROGRAM SERVICES *(Training, ASQ, TS GOLD)*
- VPK CHILD ELIGIBILITY
- SR CHILD ELIGIBILITY

FROM:

Provider Name: _____

Staff/Person Submitting: _____

REASON / EXPLANATION OF DOCUMENTS SUBMITTED TO THE ELCSW:

(Please specify the documents, reasons for change, i.e. Director change, teacher change in VPK classroom, VPK child delete forms, SR provider forms etc.)