



**(VPK) VOLUNTARY PRE-KINDERGARTEN PROGRAM
CLASSROOM ENROLLMENT ROSTER**

Provider Name: _____

Vendor Number: _____ W

Classroom Letter: _____

Child Last Name, First Name <small>(as listed on birth certificate)</small>	Date of Birth <small>(MM/DD/YY)</small>	Certificate Number <small>(SPE)</small>	Enrollment Start Date	Office Use ONLY	Classroom Transfers <small>(if applicable)</small>		Terminations <small>(if applicable)</small>	Reason for Termination (X)					
				{E}Enrolled {T}Terminated {R}Returned {P}ending	Transfer to:	Effective Date	Date Term.	Parent Withdrew (25)	Provider Dropped (26)	Moved out of Area (49)	Never Attended (20)		
					<small>(Class ID)</small>	<small>(Date started in other class)</small>							

Name of Person filling out form: _____ Date: _____

Provider: Mail documents to: ELC 2675 Winkler Ave Suite 300 Fort Myers, FL 33901 for Lee, Hendry, Glades or ELC at 3050 N Horseshoe Dr Unit 231 Naples, FL 34104 for Collier	ELC OFFICE USE ONLY		ELC OFFICE USE ONLY	
	Date Received:		Date Processed:	Processed By: