



VPK WITHDRAWAL FORM

(Please write legibly)

Provider Name: _____

Child Name: _____

Parent Name: _____

Phone: _____

Street Address: _____

Apt./Suite #: _____

City, State, Zip: _____

Last Date of attendance in program: _____

(This is the date the child will be withdrawn from VPK Program)

Reason for Withdrawal:

Transferring to another site.

Parent no longer interested in taking part in VPK program.

Purpose: _____

Moving out of area.

Other : _____

Provider Signature

Date

CDS Staff Signature

Date