Monthly VPK Return-to-Service Form

Please complete this form for any child who missed the last instructional day of VPK for the reporting month.

Provider Name: _____

Reporting Month: _____

For each child listed, indicate whether the child has returned to VPK services. If the child has not returned by the time this form is submitted, please indicate whether the child is expected to return.

Per VPK Attendance Policy: ***"An absence is not payable for an instructional day before a child's first day of attendance or after the child's last day of attendance."***

Providers will not be paid for absences after a child's last day of attendance until the child has returned to service.

Child Name	Returned to Service? Y/N	Expected to Return? Y/N	Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Submit this form each month along with attendance sheets to help ensure timely and accurate attendance processing.

Signature of Person Completing Form: _____ Date: _____

PLEASE SUBMIT TO:

Reimbursement Fax: 941-256-9948 **OR** upload to the Document Library in the DEL Portal.