

## VPK Temporary Closure Notification Form

Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Director/Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Today's date: \_\_\_\_\_

### **Type of closure (check one)**

1. \_\_\_\_\_ Emergency Circumstance that do not require make up days (declared by state, federal or local officials in that area and that do not exceed 5 VPK instructional days)
  - Date(s) of closure: \_\_\_\_\_
  - Reason for the closure: \_\_\_\_\_
  - Class(s) affected: \_\_\_\_\_ #of Days out: \_\_\_\_\_
2. \_\_\_\_\_ Temporary closures that require changes in class schedule and make up days (to be submitted by the close of business on the first day of the closure with a new calendar schedule).
  - Date(s) of closure: \_\_\_\_\_
  - Reason for the closure: \_\_\_\_\_
  - Class(s) affected: \_\_\_\_\_ #of Days out: \_\_\_\_\_
  - Class to resume schedule: \_\_\_\_\_
  - Date(s) to make up: \_\_\_\_\_

