



VPK – Selection of Payment Option

By completing this form, you are requesting to receive payment for the VPK program either on an advance payment schedule, or a reimbursement schedule. Advance Payments are based on children enrolled at the time of payment processing (the 3rd of the month, for following month's advance payment). Reimbursements are based on actual physical attendance for the children in your care. Just a reminder, requests to enroll in Advance Payments, the form must be received by 4C prior to your first payment. For example, to receive a September prepayment, this form must be received by 4C before August 3. You can only change your payment option schedule once prior to your first payment.

- Sign me up for VPK Reimbursements. Reimbursement will be made the last day of the month for the preceding month.
- Sign me up for VPK Advance Payments. I understand that each month I will be required to reconcile any outstanding balance (advance payments greater than actual reimbursement).

Authorized Signature

Date

VPK Provider Name and Address

You may return this form to 4C, Attention: Suzanne Riccaboni via:

- Fax at 407-445-7360
- Drop-off box- 4C, 307 W. First Street, Sanford, FL 32771 OR
4C, 3500 W. Colonial Drive, Orlando, FL 32808
- Postal Service – 4C, Attn: Suzanne Riccaboni, 3500 W. Colonial Drive, Orlando, FL 32808

Please contact Suzanne Riccaboni if you have any questions regarding VPK payments. She can be reached by phone at (407) 532-4331. Thank you for supporting our community and our children through your VPK program.