Please complete this form and send to your Pre-K Specialist for notification of all class closures. Submitting a class closure notification form indicates the class will no longer be in operation past the effective date of closure at this site or any other program site. Class closure notifications must be submitted by the Pre-K Project Director.

Today’s Date:

Legal Name:

Site Name:

License #:

Licensed child care programs only)

Effective Date of Class Closure:

Dates that this class operated during this school year if any:

List Class ID #(s) for each class closing. Refer to your Pre-K Roster for Class ID # or Attachment A of your Pre-K Grant Agreement. **If school is closing, please note that.**

Reason for class closure:

Project Director Name:

Site E-mail:

Site Phone # and Fax #:

Street Address:

City:  County: Zip:

**DECAL USE ONLY**

Date Pre-K Specialist received:

Pre-K Specialist Name:

Pre-K Manager Name:

Closure Type: [ ]  Class [ ]  Site (program has multiple sites) [ ]  Company Closure

Payment instructions for Finance [ ]  Yes [ ]  No

If yes, provide details:

Date Pre-K Manager sent form to Finance for closure: Finance Closure Completed [ ]  Yes

Date Finance sent form to PANDA for closure:

Date form was uploaded to SharePoint: