

STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM

Child Certificate of Eligibility

SAMPLE

1. VPK program year	2. Certificate number	3. Certificate issue date	4. Parent email address
5. Parent name		6. Primary contact number	7. Secondary contact number
8. Child's full name		9. Child's date of birth	10. County
ADMISSION BY PROVIDER O	R SCHOOL (Jointly Prepared	by Provider or School <u>AND</u> Pare	nt or Guardian)
11. Name of provider or school		12. Telephone	
13. Address of VPK site		14. VPK class (optional)	15. Date child will begin attendance
(item 8) for enrollment in t	ifies that it admits the child he VPK program and agrees to	I certify that I choose the prodeliver the VPK program for	
deliver the program for the		child.	
16. Signature of authorized provider or school			19. Date
16. Signature of authorized provider or school ENROLLMENT SUBMISSION		child. 18. Parent signature itted by Provider or School)	
16. Signature of authorized provider or school ENROLLMENT SUBMISSION O PROVIDER OR SCHOOL: ontact the coalition upon en	representative for 17. Date	itted by Provider or School) TO CONTACT THE COALITIENT.	

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep each original signed form for at least 5 years. A private provider must permit the early learning coalition, and a public school must permit the school district, to inspect the original signed forms during normal business hours. If required by the early learning coalition, a signed copy of this certificate must be forwarded to the coalition or a qualified contractor acting on behalf of the coalition.