

## STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM

## **Child Eligibility Certificate**

| I. CERTIFICATE OF CH   |   |   |  |  |                             |   | nt in black or blu    | <u>e</u> ink            |
|--|---|---|--|--|-----------------------------|---|-----------------------|-------------------------|
| <ol> <li>VPK program year</li> </ol>   |   | 2. Certificate numb   | er 3                                   | . Certificate issue date   |                             | nrollment                               |                       |                         |
|  |   |   |  |  |                             | ew enroll                               |                       |                         |
|  |   |   |  | . 5  |                             | e-enrollm                               |                       | _                       |
| 5. Parent or guardian name   |   |   |  | S. Daytime telephone   | 7. H                        | 7. Home telephone                       |                       |                         |
| 8. Home address  |   |   |  |  |                             |   |                       | -                       |
| 9. City  |   |   |  | 0. State   | 11. 2                       | 11. ZIP+4 Code                          |                       |                         |
| 12. Child's full name  |   |   |  | 3. Child's SSN <sup>1</sup>  | 14. (                       | 14. Child's date of birth               |                       |                         |
|  |   |   |  |  |                             |   |                       |                         |
| 15. Program type<br>□  | ] Schoo                                   | l-year program (540 h   | nours) [                               | ☐ Summer program (300 h  | nours)                      |   |                       |                         |
| Department of Education (DO vour child and for correlation   | E), schoo<br>of your cl<br>vider or s     | I districts, and early learning<br>nild's results on the statewion<br>chool a kindergarten readir | 5)(a)2., F.S., for<br>coalitions. If y | ACT STATEMENT r use in the records and data syst ou submit your child's social secu- n screening to the provider or sch er s. 1002.69, F.S. Submission o                       | inty number<br>nool that se | r, it will be o                         | used for routine ider | ntification or aram for |
|  |   |   | 1                                      |  |                             |   |                       |                         |
| II. ADMISSION BY PRO   | OVIDE                                     | R OR SCHOOL (Jo   | intly Prep                             | ared by Provider or S  | chool <u>/</u>              | ND Pai                                  | rent or Guard         | lian)                   |
| 16. Name of provider or school   |   |   |  | 17. Daytime telephone 18. Fax  |                             |   |                       |                         |
| 19. Address of VPK site  |   |   |  | 20. VPK class (e.g., A, E  |                             | C) 21. Date child will begin attendance |                       |                         |
| The provider or school certifies that it admits the child (item 12) for enrollment in the VPK program and agrees to deliver the program for the child. |   |   |  | I certify that I choose the provider or school (item 16) to deliver the VPK program for my child and direct that program funds be paid to the provider or school for my child. |                             |   |                       |                         |
| 22. Provider or schoo  | 22. Provider or school signature 23. Date |   |  | 24. Parent or guardian s   |                             |   | 26. Date              | _                       |
| III. ENROLLMENT SUE  | BMISSI                                    | ON AND CONFIRM  | ATION (S                               | Submitted by Provider  | or Sch                      | ool)                                    |                       |                         |
| TO PROVIDER OR SCHOOL: Your confirmation number  |   |   |  | TO CONTACT THE CO  |                             |   | AYMENT:               |                         |
| authorizes the Early Learning Coalition to make payments   |   |   |  |  |                             |   |                       |                         |
| for the VPK program. Co  | ontact                                    | the coalition upon  | enrollment                             |  |                             |   |                       |                         |
| of the child, and the coal   |   |   |  |  |                             |   |                       |                         |
| number that allows payments to be made for the child and confirms that the parent or guardian has chosen you as  |   |   |  |  |                             |   |                       |                         |
|  |   | ardian has chosen   | you as                                 |  |                             |   |                       |                         |
| the child's provider or sc   | nool.                                     |   |  |  |                             |   |                       |                         |
|  |   |   |  | IS YOUR CONFIRMATION NUMBER  |                             |   |                       |                         |
|  |   |   |  |  |                             |   |                       |                         |
| -  |   |   |  | <b>-</b>   |                             |   |                       |                         |

**NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL:** A private provider or public school must keep each original signed form for at least 2 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