



**STATE OF FLORIDA  
VOLUNTARY PREKINDERGARTEN  
EDUCATION PROGRAM  
Child Eligibility Certificate**

**I. CERTIFICATE OF CHILD ELIGIBILITY (Issued by Early Learning Coalition)**

Type or print in black or blue ink

1. VPK program year	2. Certificate number	3. Certificate issue date	4. Enrollment <input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment
5. Parent or guardian name		6. Daytime telephone	7. Home telephone
8. Home address			
9. City		10. State	11. ZIP+4 Code
12. Child's full name		13. Child's SSN <sup>1</sup>	14. Child's date of birth
15. Program type <input type="checkbox"/> School-year program (540 hours) <input type="checkbox"/> Summer program (300 hours)			

**<sup>1</sup>PRIVACY ACT STATEMENT**

Your child's social security number is requested under s. 119.071(5)(a)2., F.S., for use in the records and data systems of Florida's Office of Early Learning (OEL), Department of Education (DOE), school districts, and early learning coalitions. If you submit your child's social security number, it will be used for routine identification of your child and for correlation of your child's results on the statewide kindergarten screening to the provider or school that serves your child in the VPK program for purposes of assigning the provider or school a kindergarten readiness rate under s. 1002.69, F.S. Submission of your child's social security number on this form is voluntary and not a condition of enrollment in the VPK program.

**II. ADMISSION BY PROVIDER OR SCHOOL (Jointly Prepared by Provider or School AND Parent or Guardian)**

16. Name of provider or school	17. Daytime telephone	18. Fax
19. Address of VPK site	20. VPK class (e.g., A, B, C)	21. Date child will begin attendance
<b>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.</b>		<b>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.</b>
22. Provider or school signature	23. Date	24. Parent or guardian signature
		26. Date

**III. ENROLLMENT SUBMISSION AND CONFIRMATION (Submitted by Provider or School)**

<p><b>TO PROVIDER OR SCHOOL:</b> Your confirmation number authorizes the Early Learning Coalition to make payments for the VPK program. Contact the coalition upon enrollment of the child, and the coalition will issue you a confirmation number that allows payments to be made for the child and confirms that the parent or guardian has chosen you as the child's provider or school.</p>	<p><b>TO CONTACT THE COALITION FOR PAYMENT:</b></p>
	<p><b>IS YOUR CONFIRMATION NUMBER</b></p>

**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