



STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM
Certificate of Eligibility for Reenrollment

I. CERTIFICATE OF ELIGIBILITY FOR REENROLLMENT *(Issued by Early Learning Coalition, through the Family Portal)*

| | | | |
|--|-----------------------|---------------------------|--|
| 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 |
| 11. Program type <input type="checkbox"/> School-year program <input type="checkbox"/> VPK Specialized Instructional Services – School-year <input type="checkbox"/> Summer program <input type="checkbox"/> VPK Specialized Instructional Services – Summer | | | 12. Estimated remaining hours or funding |
| 13. Reenrollment into a subsequent program year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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

| | | | |
|--|----------|---|--------------------------------------|
| 14. Name of provider or school | | 15. Telephone | |
| 16. Address of VPK site | | 17. VPK class (optional) | 18. Date child will begin attendance |
| The provider or school certifies that it admits the child (item 8) for enrollment in the VPK program and agrees to deliver the <u>remaining</u> VPK program for the child. | | I certify that I choose the provider or school (item 14) to deliver the VPK program for my child and direct that <u>remaining</u> VPK program funds be paid to the provider or school for my child. | |
| 19. Provider or school signature | 20. Date | 21. Parent signature | 22. Date |

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

| | |
|---|--|
| TO PROVIDER OR SCHOOL: Contact the coalition upon enrollment of the child for payment and verification of remaining hours or funding. The Early Learning Coalition may issue a confirmation number for payment (below). | TO CONTACT THE COALITION FOR PAYMENT: |
| IS YOUR CONFIRMATION NUMBER (IF APPLICABLE) | |

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep each original signed form for at least 5 years from the date of the last payment for that fiscal year or until the resolution of any related audit findings or any related litigation, whichever occurs last. 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.