

## STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM

## Child Eligibility and Enrollment Certificate

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 be 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.  22. Provider or school signature  23. Date  1 certify that I choose the provider or school (item deliver the VPK program for my child and dire program funds be paid to the provider or school child.  22. Provider or school signature  23. Date  24. Parent or guardian signature  25. Date  10 CONTACT THE COALITION FOR PAYMENT: 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	I. C	CERTIFICATE OF CHILD ELIGIBILITY (Issued by Early Learning Coalition			(n) Type or print in black or blue in		
S. Parent or guardian name	-	1. VPK program year	2. Certificate number	3. Certificate issue date	☐ New enrollment		
9. City  10. State  11. ZIP+4 Code  12. Child's full name  13. Child's SSN¹  14. Child's date of  15. Program type  School-year program (540 hours)  Summer program (300 hours)  Vour child's social security number is requested under s. 110.071(5)(a)2, F.S. for use in the records and data systems of Florida's Office of Early Le (OEL), Department of Education (DOE), school districts, and early learning coalitions, if you submit your child's social security number, it will be used identification of your child results on the statewisk kindergarten screening to the provider or school at skindergarten readiness rate under s. 1002,69, F.S. Submission of your child security number, it will be used identification of your child results on the statewisk kindergarten screening to the provider or school at skindergarten readiness rate under s. 1002,69, F.S. Submission of your child security number on this form is voluntary and not a condition of enrollment in the VPK program.  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 be 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.  22. Provider or school signature  23. Date  12. Date child to the provider or school child.  24. Parent or guardian signature  25. Date  18. ENROLLMENT SUBMISSION AND CONFIRMATION (Submitted by Provider or School)  TO PROVIDER OR SCHOOL: 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 upon enrollment of the child, and the coalition upon a confirmation nu number that	-	5. Parent or guardian name		6. Daytime telephone	7. Home	telephone	
15. Program type    School-year program (540 hours)   Summer program (300 hours)    Summer program (300 hours)	-	8. Home address					
School-year program (540 hours)   Summer program (300 hours)	-	9. City		10. State	11. ZIP+4 Code		
School-year program (540 hours)   Summer program (300 hours)		12. Child's full name		13. Child's SSN <sup>1</sup>	14. Chil	d's date of birth	
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 Le (OEL), Department of Education (DOE), school districts, and early learning coalitions. If you submit your child's social security number, it will be used identification of your child and for correlation of your child's results on the statewide kindergarten screening to the provider or school that serves yet the VPK program for purposes of assigning the prov ider or school a kindergarten readiness rate under s. 1002.69, F.S. Submission of your child security number, it will be used the VPK program for purposes of assigning the prov ider or school a kindergarten readiness rate under s. 1002.69, F.S. Submission of your child security number, it will be used the VPK program of purposes of assigning the provider or school a kindergarten readiness rate under s. 1002.69, F.S. Submission of your child serves yet the VPK program in the VPK program.  III. ADMISSION BY PROVIDER OR SCHOOL (Jointly Prepared by Provider or School AND Parent or Continuation and the VPK class (e.g., A, B, C) and 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.  III. ENROLLMENT SUBMISSION AND CONFIRMATION (Submitted by Provider or School)  TO PROVIDER OR SCHOOL: 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	_						
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22. Provider or school signature  23. Date  24. Parent or guardian signature  25. Date  III. ENROLLMENT SUBMISSION AND CONFIRMATION (Submitted by Provider or School)  TO PROVIDER OR SCHOOL: 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 nu number that		(item 12) for enrollment in the VPK program and agrees		I certify that I choose the provider or school ( <i>item 16</i> ) to deliver the VPK program for my child and direct that program funds be paid to the provider or school for my child.			
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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.		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 confirmatio nu number that allows payments to be made for the child and confirms that the parent or guardian has chosen you		TO CONTACT THE COALITION FOR PAYMENT:			
IS YOUR CONFIRMATION NUMBER				IS YOUR CONFIRMATION N	IUMBER		

**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.