

STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM

Certificate of Eligibility for Reenrollment

1. VPK program year	2. Certificate number	3. Certificat	te issue date 4. Parent email address				
5. Parent name			6. Primary co	Primary contact number		ary contact number	
8. Child's full name			9. Child's date of birth		10. Count	10. County	
11. Program type ☐ School-year program ☐ Summer program ☐ VPK Specialized Instructional Services — ☐ VPK Specialized Instructional Services —				12. Estimated remaining hours or funding			
13. Reenrollment in a sul ☐ Yes ☐ No	osequent program year?						
14. Name of provider or school 16. Address of VPK site			15. Telephone 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 remaining VPK instructional hours to 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.				
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-		20. Date	21. Parent sign			22. Date	

learning/parents/vpk-parents.stml.