

STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM

Child Certificate of Eligibility

IILD CERTIFICATE OF ELIGI	•			
1. VPK program year	2. Certificate n	umber	3. Certificate issue date	4. Parent email address
5. Parent name			6. Primary contact number	7. Secondary contact numbe
8. Child's full name			9. Child's date of birth	10. County
DMISSION BY PROVIDER (11. Name of provider or so		Prepared by I	Provider or School <u>AND</u> Pare	nt or Guardian)
11. Haine of provider of St	cnool		12. Telephone	
13. Address of VPK site	cnooi		12. Telephone 14. VPK class	15. Date child will begin attendance
	tifies that it admits th the VPK Program and	agrees to	,	attendance ovider or school (item 11) to my child and direct that

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 or public school must permit the early learning coalition 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.

To find more information on VPK funding, visit the Division of Early Learning's website at https://www.fldoe.org/schools/early-learning/parents/vpk-parents.stml.