



STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM (VPK)

Reenrollment Application

SAMPLE

FULL NAME OF CHILD (FIRST, MIDDLE, LAST, JR./SR./III):		CHILD'S DATE OF BIRTH:
COUNTY OF REENROLLMENT:	ORIGINAL COUNTY OF ENROLLMENT:	HAS THE CHILD EVER REENROLLED IN VPK? <input type="checkbox"/> Yes <input type="checkbox"/> No
SELECT VPK PROGRAM OPTION THAT APPLIES TO THE TYPE OF REENROLLMENT YOU ARE REQUESTING: <input type="checkbox"/> School-year Provider to School-year Provider <input type="checkbox"/> Summer Provider to a Summer Provider <input type="checkbox"/> School-year Provider to a Summer Provider <input type="checkbox"/> VPK Specialized Instructional Services (SIS)* <input type="checkbox"/> School-year SIS Provider(s) to School-year VPK Provider <input type="checkbox"/> School-year SIS Provider(s) to Summer VPK Provider <input type="checkbox"/> School-year VPK Provider to School-year SIS Provider(s) <input type="checkbox"/> School-year VPK Provider to Summer SIS Provider(s) <input type="checkbox"/> Summer SIS Provider(s) to Summer VPK Provider <input type="checkbox"/> Summer VPK Provider to Summer SIS Provider(s)		
<i>*Changing from SIS provider to SIS provider is not a reenrollment unless the child is moving from a school year to summer program</i>		
REENROLLMENT INTO A SUBSEQUENT PROGRAM YEAR? <i>This option is only available if the child meets the requirements as described in s. 1002.53, F.S.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Note: A child may only reenroll in VPK if they have not completed more than 70 percent of the instructional hours (378 hours for school-year or 210 hours for summer) or more than 70 percent of the funding authorized for a child enrolled in VPK SIS.</p>		

<input type="checkbox"/> PRIMARY REENROLLMENT DUE TO GOOD CAUSE (DOCUMENTATION NOT REQUIRED) If granted a primary reenrollment due to good cause, a child may withdraw from his or her initial VPK provider and reenroll at another VPK provider within same program type. The child would be eligible to receive his or her remaining VPK instructional hours/funding at a new VPK provider or school. Reason for the Reenrollment Request* (select one): <input type="checkbox"/> A. The illness of the child; an individual living in the child's household; an individual which the child's parent is responsible for caring for; or the child's parent, sibling, grandparent, step-parent, step-sibling, or step-grandparent. <input type="checkbox"/> B. Disagreement between the parent and the provider or school concerning policies, practices, or procedures at the provider's or school's VPK program. <input type="checkbox"/> C. Change in the child's residence. <input type="checkbox"/> D. A change in the employment schedule or place of employment of the child's parent. <input type="checkbox"/> E. Provider's inability to meet the child's health, behavioral or educational needs. <input type="checkbox"/> F. Termination of the child's class before 70 percent of the VPK instructional hours are delivered. <input type="checkbox"/> G. Child is dismissed by a VPK provider for failure to comply with the provider's attendance policy. <input type="checkbox"/> H. The provider's designation as a provider on probation under section 1002.67, Florida Statutes. <input type="checkbox"/> I. Any reason described under primary reenrollment due to extreme hardship (below). <input type="checkbox"/> J. Another reason not expressly stipulated above which prevents the child from attending the VPK provider's class or which prevents the VPK provider from serving the child in accordance with the requirements of the VPK program. <i>*If you need assistance completing this form, please contact your early learning coalition</i>
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<input type="checkbox"/> SUBSEQUENT REENROLLMENT EXEMPTION DUE TO GOOD CAUSE (REQUIRES DOCUMENTATION) If granted a subsequent reenrollment exemption due to good cause, a child that has already reenrolled in the VPK program may withdraw from his or her VPK provider and reenroll at another VPK provider within the same program type. The child would be eligible to receive his or her remaining VPK instructional hours/funding at a new VPK provider or school. Reason for Subsequent Reenrollment Exemption Request* (select one): <input type="checkbox"/> A. Change in child's residence that extended child's round-trip by 60 minutes or more to and from the provider, as supported by third party documentation showing the change (for example, a rental agreement or receipt from rent payment, mortgage, utility records, or other verifiable documentation). <input type="checkbox"/> B. Change in child's residence that resulted in a temporary stay or move out of a homeless shelter, transitional housing entity, or domestic violence shelter, as supported by third party documentation (for example, a letter from a homeless shelter, transitional housing entity or domestic violence shelter; a court-issued domestic violence injunction, or other verifiable documentation).



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- C. Change in parent’s employment that extended parent’s round-trip travel time by 60 minutes or more, to and from the VPK provider, as supported by employer documentation showing the start date or change in employment location.
- D. Child’s parent(s) is active duty military or reservist and deployed supported by verifiable documentation (for example, proof of current military deployment.)
- E. Termination of child’s VPK class, into which the child was reenrolled as confirmed and documented by the coalition or by the Department of Children and Families, local licensing agency on official letterhead or from a Child Care Information System (CCIS) screen print.
- F. Provider is found to have committed a Class I Violation as defined in Rule 65C-22.10 or 65C-20.012, F.A.C. (as applicable to the provider type), as documented by the Department of Children and Families on official letterhead or from a CCIS screen print.
- G. Serious injury to the child that occurred at the provider which required the provider to contact medical services, as documented on the Department of Children and Families or local licensing agency Accident/Incident Report for licensed providers or on official provider letterhead for license-exempt providers.
- H. Child was dismissed from VPK provider for issues that prevented the provider from meeting the child’s behavioral or educational needs, as substantiated by the dismissing provider on official letterhead.
- I. Child’s parent has reported events to the Department of Children and Families or local licensing agency that indicate the VPK provider’s practices put his or her child’s health, safety, or well-being at risk, as documented by a federal, state, or local government official.
- J. Any reason described under primary reenrollment due to extreme hardship (below).
- K. Child’s primary reenrollment due to good cause was the result of any of the reasons listed in this section (subsequent reenrollment exemption due to good cause) accompanied by required supporting documentation.

**If you need assistance completing this form, please contact your early learning coalition*

PRIMARY REENROLLMENT DUE TO EXTREME HARDSHIP (REQUIRES DOCUMENTATION)

If granted a primary reenrollment due to extreme hardship, a child may withdraw from his or her initial VPK provider and reenroll at a summer VPK provider and be reported as one full-time equivalent student, as defined by s. 1002.71, F.S.

Reason for the Reenrollment Request* (select one):

- A. The illness of the child; the illness of a family member which the child’s parent is responsible for caring for; or the illness of the child’s parent; as documented in writing by a physician licensed under Chapters 458 or 459, F.S., if it would result in the child being absent for more than 30 percent of the number of hours in the program type in which the child is enrolled;
- B. Termination of the child’s VPK class as a result of the provider’s removal from eligibility to offer the VPK program, as documented by the early learning coalition.
- C. Parent’s inability to meet the basic needs of the child, including, but not limited to, a lack of food, shelter, clothing, or transportation, as documented in writing by a federal, state, or local governmental official.
- D. Provider’s inability to meet the child’s educational needs due to the child’s learning or developmental disability as documented by a federal, state, or local governmental official.
- E. Provider’s inability to meet the child’s health needs as documented by a physician licensed under Chapters 458 or 459, F.S., or a federal, state, or local governmental official
- F. Displacement of the child from his or her place of residence or closure of the child’s VPK provider as a result of a state of emergency as declared by a federal, state, or local governmental official.
- G. A temporary or permanent change in parent custody or guardianship, supported by legal documentation such as a court order or official documentation from the Department of Children and Families (DCF) or DCF contracted agency, this includes an at-risk child care authorization that documents the guardianship change.

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SUBSEQUENT REENROLLMENT EXEMPTION DUE TO EXTREME HARDSHIP (REQUIRES DOCUMENTATION)

If granted a subsequent reenrollment exemption due to extreme hardship, a child that has already reenrolled in the VPK program for good cause may withdraw from his or her VPK provider and reenroll at a summer VPK provider and be reported as one full-time equivalent student, as defined by s. 1002.71, F.S.

Reason for the Subsequent Reenrollment Exemption due to Extreme Hardship Request* (select one):

- A. The illness of the child; the illness of a family member which the child’s parent is responsible for caring for; or the illness of the child’s parent; as documented in writing by a physician licensed under Chapters 458 or 459, F.S., if it would result in the child being absent for more than 30 percent of the number of hours in the program type in which the child is enrolled;



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- B. Termination of the child’s VPK class as a result of the provider’s removal from eligibility to offer the VPK program, as documented by the early learning coalition.
 - C. Parent’s inability to meet the basic needs of the child, including, but not limited to, a lack of food, shelter, clothing, or transportation, as documented in writing by a federal, state, or local governmental official.
 - D. Provider’s inability to meet the child’s educational needs due to the child’s learning or developmental disability as documented by a federal, state, or local governmental official.
 - E. Provider’s inability to meet the child’s health needs as documented by a physician licensed under Chapters 458 or 459, F.S., or a federal, state, or local governmental official
 - F. Displacement of the child from his or her place of residence or closure of the child’s VPK provider as a result of a state of emergency as declared by a federal, state, or local governmental official.
 - G. A temporary or permanent change in parent custody or guardianship, supported by legal documentation such as a court order or official documentation from the Department of Children and Families (DCF) or DCF contracted agency, this includes an at-risk child care authorization that documents the guardianship change.
- *If you need assistance completing this form, please contact your early learning coalition*

INFORMED PARENTAL CONSENT

By signing this form, you certify that you make this choice freely, understanding that your child may not:

- Receive all instructional hours if the number of instructional hours remaining in the new VPK class you selected is fewer than the number of remaining hours of instruction your child is eligible to receive.
- Have enough remaining hours of eligibility to attend all instructional hours offered by the provider in the class you select.

Signature of Parent:

Date Signed:

OFFICIAL USE ONLY

Has the Child Substantially Completed the VPK Program

Yes *(If selected, child may not reenroll)* No

Child’s Total Remaining VPK Instructional Hours or VPK SIS Funding:

Class ID of Previous Provider(s):

Child’s Last Day Attended with Previous Provider:

Documentation Included?

Yes No N/A (primary reenrollment due to good cause)

Reenrollment Granted?

Yes No

Signature of Coalition Staff:

Date Signed: