



**STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM**

Child Application

I. CHILD AND PROGRAM INFORMATION <i>(Fields marked with * are required and must be completed)</i>					
VPK Program Year*	Desired VPK Session* <input type="checkbox"/> School-year (540 hours) <input type="checkbox"/> SIS school_year <input type="checkbox"/> Summer (300 hours) <input type="checkbox"/> SIS summer		Preferred Program Setting <input type="checkbox"/> Private provider <i>(child care, private school, faith-based)</i> <input type="checkbox"/> Public school		
Child First Name*	Child Middle Name	Child Last Name*		Child Suffix	
Date of Birth*	Sex * <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number¹		Primary Language Spoken in Household	
Have a current: Individual Educational Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Individual Family Service Plan (IFSP) <input type="checkbox"/> Yes <input type="checkbox"/> No 504 designation <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently participate in a: Early Head Start <input type="checkbox"/> Yes <input type="checkbox"/> No Head Start <input type="checkbox"/> Yes <input type="checkbox"/> No School Readiness <input type="checkbox"/> Yes <input type="checkbox"/> No			
County of Services*	Ethnicity* <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Non-Hispanic		Race* (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> US Indian/Alaskan <input type="checkbox"/> Prefer not to answer		
Has this child previously participated in a VPK program?* <input type="checkbox"/> Yes <input type="checkbox"/> No			Has this child been admitted to kindergarten?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
¹ Submitting your child's social security number on this form: Your child's social security number is not required but requested under s. 119.071(5)(a)2., F.S., for use in the records and data systems of the Division of Early Learning, Department of Education, school districts, and early learning coalitions. If you submit your child's social security number, it will be used for routine identification of your child and for correlating your child's results on the coordinated screening and progress monitoring program to the provider or school that serves your child in the VPK Program, for purposes of assigning the provider or school a provider performance metric designation under s. 1002.68, F.S.					
II. PARENT INFORMATION <i>(Fields marked with * are required and must be completed)</i>					
Parent First Name*	Parent Middle Name		Parent Last Name*		Parent Suffix
Relationship to Child* <input type="checkbox"/> Parent / Stepparent <input type="checkbox"/> Foster Care <input type="checkbox"/> Guardian <input type="checkbox"/> Other		Sex * <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Contact Number*		Secondary Contact Number
Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Primary Contact Number <input type="checkbox"/> Mailing Address			Email*		
Parent Address (Same as Child Address)*			City*	County*	Zip Code*
OTHER PARENT INFORMATION (IF APPLICABLE)					
Parent 2 First Name	Parent 2 Middle Name		Parent 2 Last Name		Parent 2 Suffix
Parent 2 Relationship to Child <input type="checkbox"/> Parent / Stepparent <input type="checkbox"/> Foster Care <input type="checkbox"/> Other <input type="checkbox"/> Relative <input type="checkbox"/> Guardian			Parent 2 Address <input type="checkbox"/> Same address as child address <input type="checkbox"/> Other <input type="checkbox"/> Different than child address		
III. ELIGIBILITY DOCUMENTATION <i>(Fields marked with * are required and must be completed)</i>					
Age Eligibility Supporting Documentation Provided*			Residential Eligibility Supporting Documentation Provided*		
IV. CERTIFICATION					
By signing this form I certify that: <ul style="list-style-type: none"> - I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. - Upon enrollment of my child in the VPK Program, I understand that I must allow my child to participate in the coordinated screening and progress monitoring program (Section 1002.68, Florida Statutes). - I understand that I have the right to inspect and review the VPK Program records of my child and to obtain a copy of such records, and acknowledge that my child's records may be released to the agencies, organizations, and individuals listed in Section 1002.72(3)(a), Florida Statutes. - I understand that transportation for the VPK Program is my responsibility. - I understand that it is my responsibility to locate an eligible VPK provider or school and enroll my child with one provider or school. - I understand that I have the right to review all provider profiles in the county by contacting the early learning coalition. - I understand that I may enroll my child in a school-year program (540 instructional hours), summer program (300 instructional hours), or VPK SIS program, if applicable. - I understand that I must follow the provider's or school's attendance policy and verify my child's attendance each month. - I understand that my child may reenroll only once in a VPK program, unless granted a good cause exemption (Section 1002.71, Florida Statutes). 					



STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM

Child Application

- I understand that my child will not receive the full number of program hours, when I enroll my child in the VPK Program after instruction has begun.
- I understand that upon the approval of my child's application, I will receive notification that my certificate of eligibility is available.
- I understand my child cannot attend the VPK Program once he or she has been admitted to kindergarten.

Parent Signature

Date Signed