



STATE OF FLORIDA  
VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM

NEW FORM

Child Application

SAMPLE

I. CHILD AND PROGRAM INFORMATION (Fields marked with * are required and must be completed)			
VPK Program Year*	Desired VPK Session*		Preferred Program Setting
	<input type="checkbox"/> School year (540 hours)	<input type="checkbox"/> SIS school year	<input type="checkbox"/> Private provider (child care, private school, faith-based)
	<input type="checkbox"/> Summer (300 hours)	<input type="checkbox"/> SIS summer	<input type="checkbox"/> Public school
Child First Name*	Child Middle Name	Child Last Name*	Child Suffix
Date of Birth*	Gender*	Social Security Number <sup>1</sup>	Primary Language Spoken in Household
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
County of Services*	Ethnicity*	Race* (check all that apply)	
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Non-Hispanic	<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?*		Has this child been admitted to kindergarten?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<small><sup>1</sup> 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 Office 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 statewide kindergarten screening-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 kindergarten readiness rate provider performance metric designation under s. 1002.689, F.S.</small>			

II. PARENT INFORMATION (Fields marked with * are required and must be completed)			
Parent First Name*	Parent Middle Name	Parent Last Name*	Parent Suffix
Relationship to Child*	Gender*	Primary Contact Number*	Secondary Contact Number
<input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Guardian	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Relative <input type="checkbox"/> Foster Care <input type="checkbox"/> Other			
Preferred Method of Contact	Email*		
<input type="checkbox"/> Email <input type="checkbox"/> Primary Contact Number <input type="checkbox"/> Mailing Address			
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	Parent 2 Address		
<input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Relative	<input type="checkbox"/> Same address as child address <input type="checkbox"/> Other <input type="checkbox"/> Foster Care <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
<input type="checkbox"/> Other	<input type="checkbox"/> Different than child address		

III. ELIGIBILITY DOCUMENTATION (Fields marked with * are required and must be completed)	
Age Eligibility Supporting Documentation Provided*	Residential Eligibility Supporting Documentation Provided*

IV. CERTIFICATION	
<p>By signing this form I certify that:</p> <ul style="list-style-type: none"> <li>- I have had the opportunity to review the VPK parent handbook and the parent guide.</li> <li>- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct.</li> <li>- Upon enrollment of my child in the VPK program, I understand that <del>my child will participate in the statewide kindergarten screening to determine readiness for kindergarten. I must allow my child to participate in the coordinated screening and progress monitoring program (Section 1002.68, Florida Statutes).</del></li> <li>- I understand that transportation for the VPK program is my responsibility.</li> <li>- I understand that it is my responsibility to locate an eligible VPK provider or school and enroll my child with the provider or school.</li> <li>- I understand I have the right to review all provider profiles in the county by contacting the early learning coalition.</li> <li>- I understand that I may enroll my child in a school-year program (540 instructional hours), or a summer program (300 instructional hours), or VPK-SIS program, if applicable.</li> <li>- I understand that I must follow the provider's or school's attendance policy and verify my child's attendance each month.</li> <li>- I understand that my child may reenroll only once in a VPK program, unless granted a good cause exemption (Section 1002.71, Florida Statutes).</li> <li>- 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.</li> <li>- I understand that upon the approval of my child's application, I will receive notification that my certificate of eligibility is available.</li> <li>- I understand my child cannot attend VPK once he or she has been admitted to kindergarten.</li> </ul>	
Parent Signature	Date Signed