State of Florida
Voluntary Prekindergarten Education Program
Class Registration Application - Calendars

☐ New Application
☐ Updated Application & Date:
☐ No Change

Provider Name:	**Program Year:** 2018 - 2019	**Employer Identification Number:**

Class Calendar (enter letter): Z

Program Type: ☐ School Year (540 hours) ☐ Summer (300 hours)	**Start Date:**	**End Date:**

VPK Days Per Week	**Times of VPK Instruction**
☐ Monday	
☐ Tuesday	
☐ Wednesday	
☐ Thursday	
☐ Friday	
☐ Saturday	
☐ Sunday	

Non-Instructional Dates Between Class Start and End Dates	

Class Calendar (enter letter): Z

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Non-Instructional Dates Between Class Start and End Dates	

I certify that to the best of my knowledge and belief, the information provided is true and correct. If any information changes, the provider will notify the coalition within 14 days. Changes implemented prior to receipt of coalition approval may result in noncompliance with VPK requirements.

Signature of Authorized Representative: ☐ By Electronic Signature	Date:
Print Name of Authorized Representative:	Daytime Phone Number:

OFFICIAL USE ONLY

Process Agent	**Date**	**Process Manager**	**Date**