

STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM

Child Application

SAMPLE

	<i>/</i>	SKIVIATION (TIETU.	s markeu witi	n * are req	uired and m	ust be com	ipietea)		
VPK Program Year*	Desir	red VPK Session*		Preferred P	rogram Sett	ing			
	□Scł	nool-year (540 hours	ool <u>-</u> year	□Private provider (child care, private so			ite scho	ool, faith-based)	
	□Su	mmer (300 hours)	nmer	□Public school					
Child First Name*		Child Middle Nam	e		Child Last N	ame*			Child Suffix
Date of Birth*		Sex *	Social Securit	y Number¹		Primary La	anguage Spo	oken ir	Household
		□Male		•		,	0 0 .		
		□Female							
Have a current:			Compositive	ticinata in	•	•			
Individual Educational Plan (IEP) □Yes □No			Currently par	-					
Individual Family Service Plan (IFSP) □Yes □No		Early Head Start □Yes □No Head Start □Yes □No							
504 designation □Yes □	lNo		School Readi		. DNo				
			School Readil	ness — res					
County of Services*		Ethnicity*			Race* (che	ck all that a _l	oply)		
		□Hispanic	□Prefer not t	o answer	□Asian	□Hawaiia	an/Pacific	□W	hite /
		□Non-Hispanic			□Black	□US India	an/Alaskan	□Pr	efer not to answer
Has this child previously	partici	pated in a VPK prog	gram?*	Has th	is child been	admitted to	kindergart	ten?*	
□Yes □No				□Yes	□No				
¹ Submitting your child's social seco									
the Division of Early Learning, Depa child and for correlating your child's									
the provider or school a provider pe	erforman	ce metric designation unde	r s. 1002.68, F.S.						
II. PARENT INFORMATI	ON (F	ields marked with	* are require	ed and mu	st be comple	eted)			
Parent First Name*		Parent Middle Nai	me		Parent Last	Name*			Parent Suffix
Relationship to Child*	□Re	lative	Sex *	Primary (Contact Numb	er*	Secondary	v Conta	act Number
□Parent / Stepparent	_	ster Care	□Male	,				,	
□Guardian	□Otl		□Female						
Preferred Method of Con		□Email		Email*					
☐ Primary Contact Numb	er	☐Mailing Address							
,					City* County* Zip Code*				
Daront Address (Samo as	Child	\ddracc*		Ci+*				zip cou	ie ·
Parent Address (Same as	Child	Address)*		City*		county			
		· · · · · · · · · · · · · · · · · · ·		City*		county			
OTHER PARENT INFORMA		(IF APPLICABLE)		City*	Damart 2 Las	·			Dayant 2 Cuffin
		· · · · · · · · · · · · · · · · · · ·	lame	City*	Parent 2 Las	·			Parent 2 Suffix
OTHER PARENT INFORMA		(IF APPLICABLE)	lame	City*	Parent 2 Las	·			Parent 2 Suffix
OTHER PARENT INFORMA Parent 2 First Name	ATION	(IF APPLICABLE)		City*		·			Parent 2 Suffix
OTHER PARENT INFORMA Parent 2 First Name Parent 2 Relationship to 0	ATION	(IF APPLICABLE)		Parent 2 Ad		st Name	□ Other		Parent 2 Suffix
OTHER PARENT INFORMA Parent 2 First Name	ATION	(IF APPLICABLE) Parent 2 Middle N	□Other	Parent 2 Ao □ Same ao	ddress	st Name	□ Other		Parent 2 Suffix
Parent 2 Relationship to © □Parent / Stepparent □Relative	ATION Child	(IF APPLICABLE) Parent 2 Middle N □Foster Care □Guardian	□Other	Parent 2 Ad ☐ Same ac ☐ Differen	ddress ddress as child t than child a	address			Parent 2 Suffix
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Parent 2 Relationship to © □Parent / Stepparent □Relative	ATION Child	(IF APPLICABLE) Parent 2 Middle N Foster Care Guardian	□Other	Parent 2 Ac □ Same ac □ Differen required c	ddress ddress as child t than child a	at Name I address ddress completed)	tation	
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Child Application

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- 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 h 	as been admitted to kindergarten
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Parent Signature	Date Signed