

STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM (VPK)

Reenrollment Application

SAIVIPLE				
FULL NAME OF CHILD (FIRST, MIDDLE, L	AST, JR./SR./III):	CHILD'S DATE (OF BIRTH:	
COUNTY OF REENROLLMENT:	ORIGINAL COUNTY OF E	NROLLMENT:	HAS THE CHILD EVER REENROLLED IN THE	
			VPK PROGRAM?	
			☐ Yes ☐ No	
SELECT VPK PROGRAM OPTION THAT APPLIES TO THE TYPE OF REENROLLMENT YOU ARE REQUESTING:				
☐ School-year Provider to School-year P	rovider	· ·	zed Instructional Services (SIS)*	
☐ Summer Provider to Summer Provider		•	ear SIS Provider(s) to School-year VPK Provider ear SIS Provider(s) to Summer VPK Provider	
Cohool year Dravider to Cummar Dravider		•	ear VPK Provider to School-year SIS Provider(s)	
☐ School-year Provider to Summer Prov	ider	•	ear VPK Provider to Summer SIS Provider(s)	
			SIS Provider(s) to Summer VPK Provider	
			VPK Provider to Summer SIS Provider(s)	
*Changing from SIS provider to SIS provider i		ne child is moving f	rom a school-year to summer program	
REENROLLMENT IN A SUBSEQUENT PROGRAM YEAR? This option is only available if the child meets the requirements described in s. 1002.53(2), F.S.				
This option is only available if the child meets the requirements described in s. 1002.33(2), r .3.				
Note: A child may only reenroll in the VPK Program if he or she has not completed more than 70 percent of the instructional hours (378 hours				
for school-year or 210 hours for summer) or expended more than 70 percent of the funding authorized for a child enrolled in VPK SIS.				
☐ PRIMARY REENROLLMENT DUE TO G				
If granted a primary reenrollment due to good cause, a child may withdraw from his or her <u>initial</u> 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. Reason for the Reenrollment Request* (select one):				
\Box 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, stepparent, stepsibling, or stepgrandparent.				
☐ B. Disagreement between the parent and the provider concerning policies, practices, or procedures at the provider's VPK				
program.				
☐ C. Change in the child's residence.				
\Box D. A change in the employment schedule or place of employment of the child's parent.				
☐ E. VPK provider's inability to meet the child's health, behavioral, or educational needs.				
\Box F. Termination of the child's class before 70 percent of the VPK instructional hours are delivered.				
\Box G. Child is dismissed by a VPK provider for failure to comply with the provider's attendance policy.				
\square H. The VPK provider's designation as a provider on probation under section 1002.68, Florida Statutes.				
\square <i>I.</i> Any reason described in the Primary Reenrollment Due to Extreme Hardship section (below).				
\square J. Another reason not expressly stipulated above which prevents the child from attending the VPK provider's class or which				
prevents the provider from serving the child in accordance with the requirements of the VPK Program. *If you need assistance completing this form, please contact your early learning coalition.				
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☐ SUBSEQUENT REENROLLMENT EXEM	PTION DUE TO GOOD CAL	USE (REOUIRES D	POCUMENTATION)	
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.				
Reason for Subsequent Reenrollment Exemption Request* (select one):				
\square A. Change in child's residence that extended child's round-trip to and from the provider by 60 minutes or more, 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).				
B. Change in child's residence that resulted in a temporary stay in, 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 the parent's round-trip to and from the VPK provider by 60 minutes or more, 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, as supported by verifiable documentation (for example,
proof of current military deployment).
☐ E. Termination of child's VPK class in which the child was reenrolled, as confirmed and documented by the early learning
coalition, Department of Children and Families, or local licensing agency on official letterhead or from a Child Care Information
System (CCIS) screen print.
\Box F. Provider is found to have committed a Class I Violation as defined in Rule 65C-22.010 or 65C-20.012, F.A.C. (as applicable to
\Box F. Provider is found to have committed a class Γ violation as defined in Rule 65C-22.010 of 65C-20.012, F.A.C. (as applicable to the provider type), as documented by the Department of Children and Families or local licensing agency on official letterhead or
from a CCIS screen print.
☐ G. Serious injury to the child that occurred at the VPK 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 a 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 in the Primary Reenrollment Due to Extreme Hardship section (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), as supported by required 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 the initial VPK provider, reenroll at a
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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 the VPK provider, reenroll at a summer VPK provider, and be reported as one full-time equivalent student, as defined by s. 1002.71(2), F.S.

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



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□ A. The illness of the child, family member which the child's pare documented in writing by a physician licensed under Chapters 458 than 30 percent of the number of hours in the program type in who is a provided by the early learning coalition. □ C. Parent's inability to meet the basic needs of the child, including transportation, as documented in writing by a federal, state, or local in the child's educational needs documented by a federal, state, or local governmental official. □ E. VPK P\provider's inability to meet the child's health needs, as 459, F.S., or a federal, state, or local governmental official. □ F. Displacement of the child from his or her place of residence, we mergency as declared by a federal, state, or local governmental official □ G. A temporary or permanent change in parent custody or guar order or official documentation from the Department of Children at risk child care authorization that documents the guardianship of the state of the situation of the state of the guardianship of the state of the situation of the documents the guardianship of the state of the situation of the documents the guardianship of the situation of the situation of the documents the guardianship of the situation of the situation of the documents the guardianship of the situation	or 459, F.S., if it would result in the child being absent for more ich the child is enrolled; r's removal from eligibility to offer the VPK program, as ang, but not limited to, a lack of food, shelter, clothing, or cal governmental official. It is due to the child's learning or developmental disability, as a documented by a physician licensed under Chapters 458 or or closure of the child's VPK provider as a result of a state of official. It is dianship, supported by legal documentation such as a court and Families (DCF) or DCF contracted agency. This includes an change.			
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INFORMED PARENTAL CONSENT				
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 By signing this form, I understand: My child may not receive all instructional hours if the number of instructional hours remaining in the new VPK class I selected is fewer than the number of remaining hours of instruction my child is eligible to receive. My child may not have enough remaining hours of eligibility to attend all instructional hours offered by the provider in the class I select. 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. 				
Signature of Parent:	Date Signed:			
OFFICIAL USE ONLY				
Has the Child Substantially Completed the VPK Program	Child's Total Remaining VPK Instructional Hours or VPK SIS			
\square Yes (If selected, child may not reenroll) \square No	Funding:			
Class ID of Previous Provider(s):	Child's Last Day Attended with Previous Provider:			
Documentation Included?	Reenrollment Granted?			
☐ Yes ☐ No ☐ N/A (primary reenrollment due to good cause)	□ Yes □ No			
Signature of Coalition Staff:	Date Signed:			
Signature of Coalition Staff.	Date Signed.			