



**Episcopal Children's Services**  
*Better Lives Start With Better Beginnings.*



**VPK CHILD REGISTRATION PILOT PROGRAM APPLICATION**

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

(If an email address is provided this will be where we will sent you updates/information)

Director: \_\_\_\_\_

I have:

- ✓ Delivered the VPK program for the previous two years.
- ✓ Have attended a training session conducted by the Coalition which instructs the provider on procedures for registering a child for the VPK program, accepting a child application and supporting documentation on behalf of the coalition, and conducting a parent-orientation session.
- ✓ Understood that submission of this application does not require or guarantee my participation in the Pilot Program.
- ✓ Understood that in order to participate in the Pilot Program, I must still complete the regular VPK application process which includes, but is not limited to, submitting forms AWI-VPK 10,11, & 20 (with supporting documentation).
- ✓ Understand that to participate in the pilot project we must record daily child attendance using:
  - a. A paper sign-in or sign-out log that records the date, child's name, and signature of the parent or other person dropping off or picking up the child to or from the VPK site; OR
  - b. Electronic attendance tracking system that records the date, child's name, and electronic signature, card swipe, entry of a personal identification number, or similar daily action taken by the parent or other person dropping off or picking up the child to or from the VPK site.

Therefore I believe that I am eligible to provide participate in the Pilot Project.

Director/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Official Use Only:</i>	
Received & Reviewed by:	
Notes:	