

**STATE OF FLORIDA  
AGENCY FOR WORKFORCE INNOVATION  
OFFICE OF EARLY LEARNING**



**VOLUNTARY PREKINDERGARTEN  
EDUCATION PROGRAM**

**CHILD APPLICATION AND  
PROVIDER ADMISSION**

**Form AWI-VPK 01P**

(with instructions)

For more information visit:

**[www.vpkflorida.org](http://www.vpkflorida.org)**

February 14, 2007

Agency for Workforce Innovation – Office of Early Learning  
**VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM**  
**Instructions for Form AWI-VPK 01P**  
**CHILD APPLICATION AND PROVIDER ADMISSION**

**Who may complete Form AWI-VPK 01P?**

The Agency for Workforce Innovation has established a pilot project in 21 Florida counties (*Baker, Bradford, Clay, Collier, Gadsden, Glades, Hendry, Jefferson, Lee, Leon, Liberty, Madison, Marion, Nassau, Okaloosa, Orange, Osceola, Wakulla, Walton, St. Lucie, and Taylor counties*) which allows an eligible private provider to accept an application for a child enrolling in the Voluntary Prekindergarten Education (VPK) Program on behalf of the early learning coalition. In addition, a coalition may also contract with a school district or public school in any Florida county to accept a child's application.

A parent or guardian enrolling a child for the VPK program may complete this application if the private provider or public school is allowed to accept the application. If not, a parent must complete Form AWI-VPK 01. If your provider or school is not allowed to accept a child application, you may obtain Form AWI-VPK 01 from your early learning coalition and submit the application to the coalition. A list of the early learning coalitions and their addresses is found at <http://www.vpkflorida.org>.

**To be eligible for the VPK program, a child must reside in Florida and be 4 years old, but not yet 5 years old, on September 1st of the school year.** A child remains eligible for the VPK program until the beginning of the school year for which the child is eligible for admission to kindergarten in a public school.

**Choice between school-year or summer programs**

For your child, you may choose one of two VPK programs: the school-year program or the summer program. A child may only participate in one of these programs, except in certain situations.

SCHOOL-YEAR PROGRAM	Program	SUMMER PROGRAM
540 instructional hours	<b>Length</b>	300 instructional hours
Private providers ( <i>child care, private schools, faith-based</i> ) and public schools ( <i>if offered by a school district meeting class-size reduction requirements</i> )	<b>Settings</b>	Private providers ( <i>child care, private schools, faith-based</i> ) and public schools ( <i>in every school district</i> )
Private providers and public schools may limit admissions.	<b>Admissions</b>	Private providers may limit admissions. School districts must admit each eligible child in a summer program, although not every public school will offer the program.
Four to 18 children	<b>Class sizes</b>	Four to 10 children
Child development associate (CDA), CDA equivalency (CDAE), or higher educational credential	<b>Instructors and credentials</b>	Certified teacher or Bachelor's or higher degree in early learning field
Secondary adult for class of 11 or more children		

**Availability of forms and submission**

You may obtain this paper application from your private provider or public school, if the provider or school is allowed to accept a child application on behalf of the early learning coalition. **Submit the completed form and supporting documents to the private provider or public school admitting your child in the VPK program.**

**When should you submit this application?**

Each year, registration begins for the VPK program on January 1st. The registration periods for the school-year and summer programs are as follows:

VPK program year	REGISTRATION PERIODS*			
	SCHOOL-YEAR PROGRAM		SUMMER PROGRAM	
	Begins	Ends	Begins	Ends
2007-2008	January 1, 2007	July 15, 2007	January 1, 2007	April 1, 2008
2008-2009	January 1, 2008	July 15, 2008	January 1, 2008	April 1, 2009
2009-2010	January 1, 2009	July 15, 2009	January 1, 2009	April 1, 2010
2010-2011	January 1, 2010	July 15, 2010	January 1, 2010	April 1, 2011

\*Late applications will be accepted after each registration period.

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### Required proof of residence and age

You must follow the instructions of your private provider or public school on submitting the following supporting documents. The instructions will require you to bring these documents to a face-to-face parent-orientation session conducted by your provider or school:

- **Florida residence.**—A document showing the name and home address in Florida of the parent or guardian with whom the child resides (*item 18 or item 28*). Examples include utility bills, pay stubs, or government-issued documents (e.g., *Florida driver's license*). Post office boxes are not sufficient. Families who are homeless may prove residency with other documents (*ask your provider or school for details*).
- **Child's date of birth (*item 6*).**—A document showing your child's date of birth. Examples include the child's birth record or certificate, passport, certificate of arrival in the United States, insurance policy on the child's life which is effective for at least 2 years, valid military dependent identification card, immunization record, baptism certificate, or religious record of the child's birth accompanied by an affidavit sworn by the parent. For a complete list of allowed documents, contact your provider or school.

### Determining VPK child eligibility

After you submit this application to your private provider or public school, the provider or school reviews the application. If the application is complete, signed, and submitted with the required supporting documents and the provider or school **predetermines** whether your child appears to be eligible for the VPK program, the provider or school submits the application to the early learning coalition. Your early learning coalition reviews the application and supporting documents to **officially determine** if your child is eligible. You will be contacted if the coalition determines that your child is **not** eligible.

### Common errors

An incomplete application will cause processing delays. To avoid delays, be sure to:

- Complete all required items (Sections I, II, and IV).
- Complete Section VI with your private provider or public school.
- Type or print clearly using black or blue ink.
- Submit the application to the private provider or public school admitting your child in the VPK program.
- Keep a copy of the application for your records.

If you discover an error after submitting this application, contact your provider or school. A list of the early learning coalitions is found at <http://www.vpkflorida.org>.

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## I. CHILD AND PROGRAM INFORMATION

**Item 1. VPK program year.**—Enter the VPK program year (e.g., *2007-2008, 2008-2009*). The form may already include the program year.

**Item 2. Preferred program schedule.**—It is a parent's responsibility to locate and enroll his or her child with an eligible VPK provider or school. Each provider or school may offer the VPK program on its own class schedule. Mark an  to select the program schedule that you would prefer for your child to attend. **Check only one.**

**Item 3. Preferred program setting.**—Mark an  to show whether you would prefer for your child to attend the VPK program at a private provider (e.g., *child care center, family day care home, private school, faith-based*) or public school.

**Item 4. Child's name.**—Enter your child's full name.

**Item 5. How did you hear about the VPK program?**—Mark an  indicating how you heard about the VPK program.

**Items 6-8. Child's date of birth, gender, and social security number.**—Enter your child's date of birth, gender, and social security number.

#### PRIVACY ACT STATEMENT

Your child's social security number is requested under s. 119.071(5)(a)2., F.S., for use in the records and data systems of the Agency for Workforce Innovation (AWI), Department of Education (DOE), 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 correlation of your child's results on the statewide kindergarten screening 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 under s. 1002.69, F.S. Submission of your child's social security number on this form is voluntary and not a condition of enrollment in the VPK program.

**Item 9. Primary spoken language.**—Enter the language primarily spoken in your child's home. This information may assist the provider or school in serving your child's needs. Submission of a primary spoken language is voluntary.

**Items 10-14. Child's home address.**—Enter the address where your child lives, including the city, county, and five-digit postal ZIP Code (*ZIP+4 if available*).

**Item 15. In which county do you wish your child to receive VPK services?**—A child may attend a VPK program in a county other than the Florida county where the child lives. Enter a county name in item 15.

**Items 16-17. Ethnicity and race.**—Enter the ethnicity and race of your child. This information is used for statistical purposes only. Submission of your child's ethnicity or race is voluntary. A VPK provider or school is prohibited by law from discriminating on the basis of race, color, or national origin.

## II. PARENT OR GUARDIAN INFORMATION

**Items 18-23. Name and home address of parent or guardian.**—Enter your full name and home address, including the city, county, state, and five-digit postal ZIP Code (*ZIP+4 if available*). Mark an  indicating “same as child’s address” to show that your child lives with you. **If your child does not live with you, your child must live with the other parent or guardian listed in items 28-30.**

**Item 24. Relationship to child.**—Enter your relationship to your child (*e.g., mother, father, guardian, foster parent*).

**Items 25-27. Daytime telephone, home telephone, and email.**—Enter your daytime telephone number (*item 25*) and home telephone number (*item 26*), including area code. If you do not have a home telephone, please enter a telephone number where you may be contacted. If available, an email address may be entered in item 27.

**Items 28-30. Other parent or guardian.**—Enter the full name (*item 28*) of your child’s other parent or guardian, if applicable, and the relationship of that parent or guardian to your child (*item 29*). Mark an  in item 30 if your child lives with that other parent or guardian.

## III. OTHER EARLY LEARNING PROGRAMS (*optional*)

*Item 31 is optional and is not required to determine your child’s eligibility for the VPK program. This item should be completed if you are interested in learning about other early learning programs or services for your family.*

**Item 31. Would you like to receive information about other early learning programs or services?**—Mark  “Yes” or “No” to inform the early learning coalition whether you are interested in learning about other early learning programs or services for your family.

## IV. CERTIFICATION

**Items 32-33. Parent or guardian signature and date.**—You must read and certify the listed statements in this section by signing (*item 32*) and dating (*item 33*) the application. These items must be completed for the application to be complete.

## V. PREDETERMINATION OF CHILD’S ELIGIBILITY

*Items 34-36 must be completed by the provider or school. A parent or guardian should leave these items blank.*

**Item 34. Review of application and supporting documents.**—The provider or school must mark an  to indicate whether it predetermines that the child appears to be eligible for the VPK program. If the provider or school predetermines that the child is not eligible, the provider or

school must mark an  indicating the reason that the child is not eligible or that the application is not complete, enter the telephone number of the early learning coalition, and, within 5 working days, return the application and supporting documents to the parent or guardian. **The provider or school predetermines whether the child appears to be eligible. The early learning coalition reviews the application and supporting documents to officially determine if the child is eligible.**

**Items 35-36. Provider or school signature and date.**—The provider or school must sign (*item 35*) and date (*item 36*) its predetermination of the child’s eligibility.

## VI. ADMISSION BY PROVIDER OR SCHOOL

*Items 37-46 must be completed jointly by the provider or school and the parent or guardian. The provider or school should complete items 37-44, and the parent should complete items 45-56.*

**Item 37. Name of provider or school.**—Enter the provider’s or school’s name.

**Items 38-39. Daytime telephone and fax.**—Enter the provider’s or school’s business telephone number with area code in item 38. In item 39, enter the provider’s or school’s business fax number with area code, if available.

**Item 40. Address of VPK site (*number and street*).**—Enter the physical street address of the program site where the VPK program is delivered.

**Item 41. VPK class.**—A provider or school must establish VPK classes for purposes of recording class schedules and enrolling children in each class. The provider or school must assign each class a letter (*e.g., A, B, C*) to identify the class and distinguish between classes. Enter the class identifier for the class in which the child is to be enrolled.

**Item 42. Date child will begin attendance.**—Enter the date that the child will begin attending the VPK program.

**Items 43-44. Provider or school signature and date.**—The provider or school must read and certify the listed statements in this section by signing (*item 43*) and dating (*item 44*) the application. These items must be completed for the application to be complete.

**Items 45-46. Parent or guardian signature and date.**—The parent or guardian must read and certify the listed statements in this section by signing (*item 45*) and dating (*item 46*) the application. These items must be completed for the application to be complete.

**I. CHILD AND PROGRAM INFORMATION (required)**

Type or print in black or blue ink

To be eligible for the VPK program, a child must be 4 years old, but not yet 5 years old, on September 1st.

1. VPK program year	2. Preferred program schedule (check one): School-year program (540 hours): <input type="checkbox"/> School year <input type="checkbox"/> Winter/spring only <input type="checkbox"/> Fall/winter only <input type="checkbox"/> Summer program (300 hours)		3. Preferred program setting: <input type="checkbox"/> Private provider (child care, private school, faith-based) <input type="checkbox"/> Public school
4. Child's first name	Middle name	Last name	Jr./III
5. How did you hear about VPK? <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Other			
6. Date of birth (mm/dd/yyyy)	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Social security number <sup>1</sup>	9. Primary spoken language (optional)
10. Home address (number and street)			

11. City	12. County	13. State <b>FLORIDA</b>	14. ZIP+4 Code
15. In which county do you wish your child to receive VPK services?		16. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	17. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> White

<sup>1</sup> NOTE.—See the Privacy Act Statement concerning social security numbers in the instructions accompanying this application.

**II. PARENT OR GUARDIAN INFORMATION (required)**

18. <input type="checkbox"/> Mr.    First name	Middle name	Last name	Jr./Sr./III
<input type="checkbox"/> Ms.			
19. Parent's or guardian's home address (number and street)			<input type="checkbox"/> Same as child's address
20. City	21. County	22. State	23. ZIP+4 Code
24. Relationship to child	25. Daytime telephone	26. Home telephone	27. Email (optional)
Other parent or guardian (if applicable)			
28. First name	Middle name	Last name	Jr./Sr./III
29. Relationship to child		30. Home address of other parent or guardian: <input type="checkbox"/> Same as child's address	

**III. OTHER EARLY LEARNING PROGRAMS (optional)**

Your family may be eligible for other early learning programs or services for you and your children, from infants through school-age, including full-day school readiness services, resource and referral, Florida Kid Care, and social services.

31. Would you like to receive information about other early learning programs or services? (check one)     YES     NO

**IV. CERTIFICATION (required)**

I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. If I enroll my child in the VPK program, I understand that my child will be required to participate in the statewide kindergarten screening to determine readiness for kindergarten. I understand that transportation for the program is my (parent's or guardian's) responsibility. I also understand that it is my responsibility to locate an eligible VPK provider or school and enroll my child with the provider or school. I understand that I may enroll my child in either a school-year program (540 instructional hours) or a summer program (300 instructional hours). I further understand that I (parent or guardian) must follow the provider's or school's attendance policy and verify my child's attendance each month.

32. Parent or guardian signature	33. Date
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<b>OFFICIAL USE ONLY</b>	Date	Process manager	Date	DOB verification _____
Process agent				Residency _____
				Parent signature _____
				Child eligibility _____

Child's full name (from item 4)

SSN (from item 8)<sup>2</sup>

<sup>2</sup> NOTE.—See the Privacy Act Statement concerning social security numbers in the instructions accompanying this application.

**V. PREDETERMINATION OF ELIGIBILITY (Prepared by Provider or School)**

34. Based on the provider's or school's review of this application and the attached supporting documents:

- Child appears to be eligible for the VPK program.** The provider or school shall submit the application and supporting documents to the early learning coalition for an official determination of the child's eligibility.
- Child does not appear to be eligible for the VPK program.** The provider or school shall return the application and supporting documents to the parent. If a parent does not agree with the provider's or school's predetermination, the parent may register his or her child for the VPK program with the early learning coalition for an official determination of the child's eligibility.

<p><b>Reason that the child does not appear to be eligible or that eligibility cannot be determined:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Child is too young.</b> Child is not 4 years of age on or before September 1 of the program year.</li> <li><input type="checkbox"/> <b>Child is too old.</b> Child is 5 years of age or older on or before September 1 of the program year.</li> <li><input type="checkbox"/> <b>Child does not reside in Florida.</b></li> <li><input type="checkbox"/> <b>Supporting documents.</b> Documents of the child's date of birth or residence are absent or incorrect (<i>explain</i>):</li> </ul> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	<p><b>PARENT: To register your child for an official determination of eligibility for the VPK program, contact your early learning coalition at the following telephone number:</b></p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
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35. Provider or school signature

36. Date

**VI. ADMISSION BY PROVIDER OR SCHOOL (Jointly Prepared by Provider or School AND Parent or Guardian)**

37. Name of provider or school		38. Daytime telephone	39. Fax
40. Address of VPK site		41. VPK class (e.g., A, B, C)	42. Date child will begin attendance
<b>The provider or school certifies that it admits the child (item 4) for enrollment in the VPK program and agrees to deliver the program for the child.</b>		<b>I certify that I choose the provider or school (item 37) to deliver the VPK program for my child and direct that program funds be paid to the provider or school for my child.</b>	
43. Provider or school signature	44. Date	45. Parent or guardian signature	46. Date

**OFFICIAL USE ONLY – ELIGIBILITY DETERMINATION BY EARLY LEARNING COALITION**

- Child is eligible for the VPK program.** The early learning coalition shall enroll the child in the VPK program.
- Child is not eligible or eligibility cannot be determined because supporting documents are absent or incorrect.** The early learning coalition shall return notify the parent and the provider or school in writing.

<p><b>Reason that the child is not eligible or that eligibility cannot be determined:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Child is too young.</b> Child is not 4 years of age on or before September 1 of the program year.</li> <li><input type="checkbox"/> <b>Child is too old.</b> Child is 5 years of age or older on or before September 1 of the program year.</li> <li><input type="checkbox"/> <b>Child does not reside in Florida.</b></li> <li><input type="checkbox"/> <b>Supporting documents.</b> Documents of the child's date of birth or residence are absent or incorrect (<i>explain</i>):</li> </ul> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
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Process agent

Date

Process manager

Date