VPK Class Enrollment Request

The use of this form is optional. A Certificate of Enrollment (COE) **must** be turned in for each child to be enrolled in a VPK classroom.

To: **Early Learning Coalition of Manatee County**
Attn: Provider Reimbursement Dept.
Fax: (941) 757-2918

From: _____
(Name of VPK Provider)
Contact Name: _____
Contact Number: _____
Date: _____

Program: ☐ Summer 2010-2011 ☐ School Year 2011-2012 ☐ Summer 2011-2012
(Use a separate sheet for each program)

Class: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G
(Use a separate sheet for each class)

	Name of Child First Last	**Social Security #** only last 4 digits	**Birth Date** mm/dd/yy	**Child Start Date**
Example →	Mary Doe	XXX-XX-2424	02/02/02	09/01/11
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