

I. CHILD AND PROGRAM INFORMATION

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 ¹	9. Primary spoken language
10. Home address (number and street)			

11. City	12. County	13. State FLORIDA	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

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

II. PARENT OR GUARDIAN INFORMATION

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

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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OFFICIAL USE ONLY				
Process agent	Date	Process manager	Date	DOB verification _____
				Residency _____
				Parent signature _____
				Child eligibility _____