

**VOLUNTARY PREKINDERGARTEN
Provider Agreement Checklist**



SCHOOL YEAR 2012-13 SUMMER 2013

Name of Center:

License Expiration Date
 Accreditation _____
 Gold Seal _____

VPK Director Name:

Director Credential Expiration Date
 VPK Exempt
 VPK Endorsed

DOCUMENTATION NEEDED

STATE FORMS

ATTACHED	DOCUMENT	VERIFIED BY ELC
<input type="checkbox"/>	VPK-20	
<input type="checkbox"/>	VPK-20 Attachment 1 (Notification Requirements)	
<input type="checkbox"/>	VPK-10	
<input type="checkbox"/>	VPK-11a	
<input type="checkbox"/>	VPK-11b	

FORMS IN PACKET

<input type="checkbox"/>	Valid VPK Calendar (use VPK Calendar Creator)	
<input type="checkbox"/>	Substitute Instructor Approval Form	
<input type="checkbox"/>	Advance Payment Opt In/Out Form	

IF NOT SUBMITTED PREVIOUSLY

<input type="checkbox"/>	W-9	<input type="checkbox"/> On file
<input type="checkbox"/>	Direct Deposit Authorization Form with voided check	<input type="checkbox"/> On file

ELC USE	
Paperwork Complete:	<input type="checkbox"/> YES
Date Complete:	_____
Checked By:	_____

2012 - 2013 SCHOOL YEAR VPK Calendar Creator



1. Type the number of hours of VPK instruction on each day.
2. Type an "N" on any days that will not have VPK instruction.
3. Total Class Hours must equal or exceed **540 hours** of instruction time for a School-Year VPK class.
You may not exceed 540 hours by more than one normal day's amount of hours.

Provider Name: _____
Class(es): _____

You may use the same calendar only for classes that have the same hours per day.

JULY 2012

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Total Hours for this Month:

AUGUST 2012

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Total Hours for this Month:

SEPTEMBER 2012

S	M	T	W	Th	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Total Hours for this Month:

OCTOBER 2012

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Total Hours for this Month:

NOVEMBER 2012

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Total Hours for this Month:

DECEMBER 2012

S	M	T	W	Th	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Total Hours for this Month:

JANUARY 2013

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Total Hours for this Month:

FEBRUARY 2013

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

Total Hours for this Month:

MARCH 2013

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Total Hours for this Month:

APRIL 2013

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Total Hours for this Month:

MAY 2013

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Total Hours for this Month:

JUNE 2013

S	M	T	W	Th	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Total Hours for this Month:

Total Class VPK Hours



VPK Substitute Instructor Approval Form

In order to use a substitute instructor in a VPK classroom, the substitute must be cleared and approved before they are utilized in a classroom. **Assigning a substitute instructor without prior approval will result in a loss of funding for all days that the substitute is used.**

VPK Provider Name: _____

COPIES OF ALL DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THIS FORM

Substitute Name	Educational Credentials	FBI Clearance Letter	FDLE	Local Law	Affidavit of Character
		RESULT DATE	RESULT DATE	RESULT DATE	RESULT DATE
	<input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> FCCP <input type="checkbox"/> NECC <input type="checkbox"/> 2 nd Teacher				
	<input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> FCCP <input type="checkbox"/> NECC <input type="checkbox"/> 2 nd Teacher				
	<input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> FCCP <input type="checkbox"/> NECC <input type="checkbox"/> 2 nd Teacher				
	<input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> FCCP <input type="checkbox"/> NECC <input type="checkbox"/> 2 nd Teacher				
	<input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> FCCP <input type="checkbox"/> NECC <input type="checkbox"/> 2 nd Teacher				
	<input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> FCCP <input type="checkbox"/> NECC <input type="checkbox"/> 2 nd Teacher				
	<input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> FCCP <input type="checkbox"/> NECC <input type="checkbox"/> 2 nd Teacher				

I have completed the information above and have attached supporting documentation for submission.

I am not submitting any substitutes at this time. I understand that substitutes must be approved by ELC prior to using them in a classroom.

Print Name

Title

Signature

Date



VPK Advance Payment Opt In/Out

VPK providers may elect to receive an advance payment each month for their VPK program. This advance is calculated on 95% of the VPK reimbursement rate and is made no later than the 10th of the month that VPK instruction is provided.

Once actual attendance is processed, there is a reconciliation of the advance that was previously paid against the actual attendance recorded for that month. If an overpayment or underpayment has been made, the difference is then added to or withdrawn from the next payment (except the final payment). If your program ends in a deficit due to the advance payment, full repayment must be made prior to being considered for a VPK agreement the following year and may be deducted from any School Readiness payments you receive.

If you elect not to receive the advance payment, you will be reimbursed each month based on the actual attendance submitted for your classes. This option eliminates the risk of your program ending in a deficit and subsequent recoupment of any overpayments.

VPK Provider Name: _____

I elect to receive the advance VPK payment each month

I understand each monthly payment will be comprised of an advance and a reconciliation of the over- or under- payment of the previous advance.

I elect not to receive the advance VPK payment each month.

I understand each monthly payment will be reimbursement for actual child attendance.

Print Name

Title

Signature

Date