

STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM

Child Certificate of Eligibility

1. VPK program year 2. Certificate number		3. Certificate issue date	4. Parent email address	
2016-2017	484	7/14/2016	Tara-men @hotmail.com	
5. Parent name		6. Primary contact number	7. Secondary contact number	
Tara Jim 8. Child's full name Jon Le		235-0272 9. Child's date of birth 01/12/2012		
			10. County Lake	

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

11. Name of provider or school		12. Telephone		
13. Address of VPK site	14	I. VPK class (optional)	15. Date child will begin attendance	
The provider or school certifies that it admits the child (item 8) for enrollment in the VPK program and agrees to deliver the program for the child.		I certify that I choose the provider or school (item 11) to deliver the VPK program for my child and direct that program funds be paid to the provider or school for my child.		
16. Signature of authorized representative for provider or school	18	8. Parent signature	19. Date	
 VROLLMENT SUBMISSION AND CONFIRMATION (Subi	nitted by	Provider or School)		
PROVIDER OR SCHOOL:		TO CONTACT THE COALI	TION FOR PAYMENT:	

	IS YOUR CONFIRMATION NUMBER (IF APPLICABLE)	
The Early Learning Coalition may issue a confirmation number for navment (helow)	ELC of Lake (352) 435-0566 http://www.elclc.org	

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep each original signed form for at least 5 years. A private provider must permit the early learning coalition, and a public school must permit the school district, to inspect the original signed forms during normal business hours. If required by the early learning coalition, a signed copy of this certificate must be forwarded to the coalition or a qualified contractor acting on behalf of the coalition.