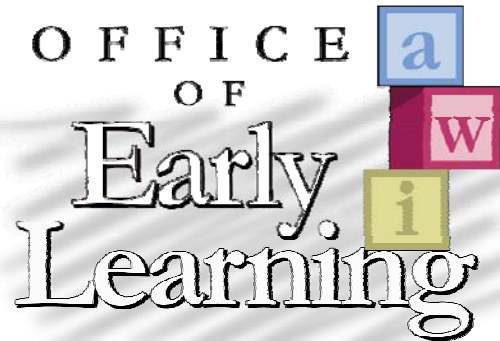


**STATE OF FLORIDA  
AGENCY FOR WORKFORCE INNOVATION  
OFFICE OF EARLY LEARNING**



**VOLUNTARY PREKINDERGARTEN  
EDUCATION PROGRAM**

**CHILD APPLICATION**

**Form AWI-VPK 01**

(with instructions)

For more information visit:

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

January 17, 2006

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

**Who must complete Form AWI-VPK 01?**

Each parent or guardian enrolling a child for the Voluntary Prekindergarten Education (VPK) Program must complete this application.

**To be eligible for the VPK program, a child must reside in Florida and be 4 years old on or before 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 program**

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	Length	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> )	Settings	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.	Admissions	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	Class sizes	Four to 10 children
Child development associate (CDA), CDA equivalency (CDAE), or higher educational credential	Instructors and credentials	Certified teacher or Bachelor's or higher degree in early learning field
Second adult for class of 11 or more children		

**Availability of forms and submission**

You may obtain this paper application from your early learning coalition. **Submit the completed form to the early learning coalition of the county in which your child will receive services.** This may be the county where you live, where you work, or a neighboring county. **The form must be submitted in accordance with the early learning coalition's instructions.** Contact information for your county's coalition may accompany this form. If not, a list of the early learning coalitions and their addresses is found at [www.vpkflorida.org](http://www.vpkflorida.org) under [Where Do I Go for VPK Information In My Area?](#)

**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 listed in the following table:

VPK program year	REGISTRATION PERIODS*			
	SCHOOL-YEAR PROGRAM		SUMMER PROGRAM	
	Begins	Ends	Begins	Ends
2005-2006	—	—	—	April 1, 2006
2006-2007	January 1, 2006	July 15, 2006	January 1, 2006	April 1, 2007
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

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

**Determining VPK child eligibility**

You must follow the instructions of your early learning coalition on how to submit the following documents. The coalition's instructions will require you to bring these documents to an in-person (*face-to-face*) parent consultation:

- **Proof of residency.**—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, bank statements, insurance policy, pay stubs, or government documents (*e.g., tax return, Florida driver's license*). Post office boxes are not sufficient. Families who are homeless may prove residency using other documentation.
- **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 documentation, contact your early learning coalition.

### Common errors

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

- Complete all required items (Sections I, II, and IV).
- Type or print clearly using black or blue ink.
- Submit the application to the early learning coalition serving the county where your child will receive VPK services.
- Keep a copy of the application for your records.

If you discover an error after submitting this application, contact your early learning coalition. Contact information for your county's early learning coalition may accompany this form. If not, a list of the early learning coalitions is found at

[www.vpkflorida.org](http://www.vpkflorida.org) under [Where Do I Go for VPK Information In My Area?](#)

## I. CHILD / PROGRAM INFORMATION (required)

**Item 1. VPK program year.**—Enter the VPK program year (e.g., 2005-2006, 2006-2007, 2007-2008.). The form may already include the program year.

**Item 2. Preferred program and schedule.**—It is a parent's responsibility to locate and enroll his or her child with a VPK provider or school. Each provider or school may offer the VPK program on its own class schedule. Mark an ☐ to select the program and 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.

**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 / GUARDIAN INFORMATION (required)

**Items 18-23. Name and home address of parent/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/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 number where you may be contacted. If available, an email address may be entered in item 27.

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

**Items 32-33. Parent/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.

**I. CHILD / 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 on or before September 1st of the school year.

1. VPK program year	2. Preferred program and schedule (check one): <div>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)</div>		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		9. Primary spoken language (optional)	
6. Date of birth (mm/dd/yyyy)	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Social security number <sup>1</sup>	
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 / GUARDIAN INFORMATION (required)**

18. <input type="checkbox"/> Mr.    First name	Middle name	Last name	Jr./Sr./III
<input type="checkbox"/> Ms.			
19. Parent's / 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 / guardian (if applicable)			
28. First name	Middle name	Last name	Jr./Sr./III
29. Relationship to child		30. Home address of other parent / 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/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/guardian) must follow the provider's or school's attendance policy and verify my child's attendance each month.

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