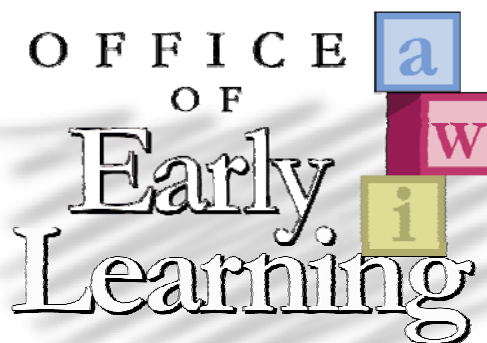


STATE OF FLORIDA
AGENCY FOR WORKFORCE INNOVATION
OFFICE OF EARLY LEARNING



VOLUNTARY PREKINDERGARTEN
EDUCATION PROGRAM

2005-2006 PARENT APPLICATION

Form AWI-VPK 01

(with instructions)

To complete this application **ONLINE**
or for more information, visit:

www.vpkflorida.org

Agency for Workforce Innovation – Office of Early Learning
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM
Instructions for Form AWI-VPK 01
2005-2006 PARENT APPLICATION

Who must complete Form AWI-VPK 01?

This application must be completed to determine whether a child is eligible for the Voluntary Prekindergarten Education (VPK) Program. **The application must be completed in full by a parent or guardian with whom the child lives.**

To be eligible for the VPK program, a child must reside in Florida and be four 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.

Availability of forms and submission

You may complete this application **ONLINE** at www.vpkflorida.org, or you may obtain a paper application from your early learning coalition.

If you use a paper form, **mail or deliver the completed paper 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. Contact information for your county's early learning coalition should accompany this form. If not, a list of the early learning coalitions and their addresses is found at www.vpkflorida.org under *Where do I go for VPK information in my area?*

Determining VPK child eligibility

Within 30 days after receiving your application, the early learning coalition will contact you with instructions on how to submit the following documents. If necessary, the instructions will require you to bring these documents to an in-person (face-to-face) interview:

- **Proof of residency.**—A document or photocopy showing your name and your home address in Florida. Examples include utility bills, bank statements, insurance policies, pay stubs, or government documents. (Post office boxes are not sufficient.)
- **Child's date of birth (item 12).**—A document or photocopy showing each child's date of birth. Examples include a birth record or certificate, a passport, a certificate of arrival in the United States showing age, or a valid military dependent identification card. Other documentation may be allowed. For a 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 fields (Sections I, II, and IV).
- Type or print clearly using black or blue ink.
- Mail or deliver to the early learning coalition serving the county where your child will receive VPK services.

If you discover an error after mailing or delivering this application, contact your early learning coalition. Contact information for your county's early learning coalition should accompany this form. If not, a list of the early learning coalitions may be found at www.vpkflorida.org under *Where do I go for VPK information in my area?*

I. PARENT / GUARDIAN INFORMATION

Item 1. Name of parent/guardian.—Enter your last name, first name, and middle name. A parent/guardian with whom the child lives must complete this application.

Items 2-6. Home address of parent/guardian.—Enter your home address, including the city, county, state, and postal ZIP code where you reside. A parent/guardian with whom the child lives must complete this application.

Items 7-9. Home telephone, Work telephone, and Email.—Enter your home telephone number with area code first, using the format (XXX) XXX-XXXX in item 7. If you do not have a home telephone number, please enter a number where you can be reached. Another telephone number and email address may be entered in item 8 and item 9.

Item 10. In which county do you wish to receive VPK services?—A child may attend a VPK program in a county

other than where he or she lives. Please enter a county name in item 10.

Item 11. Parent/Guardian #2 information.—Enter the last name, first name, and middle name of the child's second parent/guardian, if applicable.

(Continued on next page)

II. CHILD(REN) INFORMATION

Item 12. Child's name, Date of birth, Gender, Social security number, Race, and Relationship to child.—Enter the name of the child, his or her date of birth, and your relationship to the child. These items are required to determine a child's eligibility for the VPK program. Providing the gender and race of the child are optional. A VPK provider or school is prohibited by law from discriminating on the basis of race, color, or national origin.

PRIVACY ACT STATEMENT

Collection of the social security number of each child enrolled in the Voluntary Prekindergarten Education (VPK) Program is necessary for assisting the Department of Education in correlating, pursuant to s. 1002.69, F.S., the child's results on the statewide kindergarten screening to the provider or school that served the child. The Department of Education is authorized to collect and use social security numbers under s. 1008.386, F.S. Consequently, this information is requested in accordance with s. 119.0721(8), F.S. This information will be used for calculating the kindergarten readiness rates of providers and schools. Submission of the child's social security number is not a condition of enrollment in the VPK program.

III. OTHER EARLY LEARNING PROGRAMS (OPTIONAL)

Item 13 is optional and is not required to determine your child's eligibility for the VPK program. This item should be completed if you wish to learn whether your family is eligible for additional services.

Item 13. Would you like to receive information about other early learning programs?—Please mark Yes or No to inform the early learning coalition whether you are interested in learning about other early learning programs that may be available for your family.

IV. CERTIFICATION

Items 14-15. Parent/Guardian signature and Date.—You must read and certify the listed statements in this section in items 14 and 15. **These items must be completed for the application to be considered complete.**

I. PARENT / GUARDIAN INFORMATION (required)

Type or print in black or blue ink

1. <input type="checkbox"/> Mr. Last name		First name		Middle name	Jr./Sr./III
<input type="checkbox"/> Ms.					
2. Home address (number and street)					
3. City			4. County	5. State	6. ZIP+4 Code
7. Home telephone		8. Other telephone (optional)		9. Email (optional)	
10. In which county do you wish to receive VPK services?		OFFICIAL USE ONLY DOB verification _____ Residency _____		Parent signature _____ Child eligible? _____	
Parent/Guardian #2 (if applicable)					
11. Last name		First name		Middle name	Jr./Sr./III

II. CHILD(REN) INFORMATION (required)

A child may only participate once in the VPK program. Do not list children that have already participated in a VPK program. A child must be 4 years old on or before September 1, 2005, to qualify for the VPK school year (2005-2006) program or the VPK summer (2006) program.

12. Child's name (Last name, First name, Middle name, Jr./Sr./III)	Date of birth (mm/dd/yyyy)	Male / Female (optional)	Social security number ¹	Race (optional)	What is your relationship to child(ren)?
a.					
b.					
c.					
d.					
e.					

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

III. OTHER EARLY LEARNING PROGRAMS (optional)

Your child(ren) may be eligible for other early learning programs, including full-day services. If you would like us to determine whether your family is eligible for these other programs, please complete item 13. If you mark "Yes," you will be contacted for more information to determine eligibility.

13. Would you like to receive information about other early learning programs? (please mark 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. I understand that each child enrolled in the Voluntary Prekindergarten Education Program is 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(ren) with the provider or school. I understand that I may enroll my child(ren) in either a school-year program (540 instructional hours) or a summer program (300 instructional hours). I further understand that parents/guardians must follow the provider's or school's attendance policy and verify each child's attendance each month.

14. Parent / Guardian signature	15. Date
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OFFICIAL USE ONLY			
Process agent	Date	Process manager	Date