VPK
VOLUNTARY PREKINDERGARTEN

PARENT'S/GUARDIAN'S INFORMATION FORM

USE OF CERTIFICATE OF ELIGIBILITY

Parent/Guardian Name: _____

Address: _____

City, State, Zip _____

Phone Number: ( ) _____

Parent/Guardian SS#: _____ – _____ – _____

Child's Name: _____

I was informed that it is not mandatory for me to give my or my child's Social Security number on the forms I completed:

☐ Yes ☐ No

I, the parent/guardian, am planning to start my child in a VPK Program during the following time period (please check one below):

☐ School Year (August-June) ☐ Fall/Winter (January-May)

☐ Summer (June-August) ☐ Undecided

I became aware of the VPK program from: (Check All that Apply:)

☐ Flyer/Poster ☐ Radio ☐ VPK Staff ☐ Family Central

☐ Internet ☐ Public School ☐ Friend ☐ Family

☐ Early Learning Coalition ☐ Child Care Provider

I am currently receiving child care services through Family Central:

☐ Yes ☐ No

Dear Parent/Guardian: Please print and complete the left-hand side of this form. Bring this form with you along with the Child Application to the VPK Registration site. You and the VPK Registrar will complete the right-hand side of the form at registration. Thank you.

PARENT/GUARDIAN ORIENTATION PACKET

I, the parent/guardian, received information covering:

- ✓ Resource and Referral Brochure
- ✓ Next Steps Letter
- ✓ VPK Program At-A-Glance
- ✓ Additional Resources for Families Information
- ✓ ELC Fact Sheet
- ✓ A Quality Checklist
- ✓ Florida Kindergarten Readiness Screener (FLKRS) - Florida Assessments for Instruction in Reading – Kindergarten (FAIR-K)
- ✓ Access to the Provider Profile

_____ _____
Parent/Guardian Signature Date

_____ _____
VPK Orientation Staff Signature Date