



Date: _____

VPK Signature Authorization Form

VPK Provider Name: _____

VPK Provider Address: _____

Please **SELECT either 1 or 2 AND 3.** Complete the information indicating whether it is either the owner/director, owner, or member of the board of directors who is completing this form. This person will then **complete the Authorization Box** below to indicate who is authorized to sign contractual and financial documents on behalf of the child care center:

1. Owner's/Director's Name: _____ Owner's/Director's Signature: _____

2. Board of Directors' Name: _____ Board of Director's Signature: _____

Please Select appropriate title: _____ President _____ CEO _____ Chairman

3. VPK Director's Name _____ VPK Director's Signature: _____

AUTHORIZATION BOX:

I am/have authorized _____, title, _____ to sign all VPK documents for the school listed above.

Please Print Name Please Print Title

Name of Person / Title Signature

Select type of business: _____ Privately owned _____ Not-for-profit _____ Faith based

NOTARIZATION:

STATE OF FLORIDA
COUNTY OF _____

THE FOREGOING was acknowledged before me this _____ day of _____, 20____,
 by _____, who is personally known to me/presented
 _____ as identification, and who did not take an oath.

 Type of Identification and identification number

WITNESS my hand and official seal in the County and State set forth above.

NOTARY PUBLIC STAMP

NOTARY PUBLIC

