



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 Newspaper Family Central
 Internet Public School VPK Staff Family
 Postcard Childcare Provider Billboards Friend
 Early Learning Coalition

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)
- Provider Profile

Parent/Guardian Signature

Date

VPK Orientation Staff Signature

Date