Date: _____

VPK
VOLUNTARY PREKINDERGARTEN

VPK Signature Authorization Form

VPK Provider Name: _____

VPK Provider Address: _____

Please **SELECT either 1 or 2 *AND* 3. C**omplete 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
Please Print Name Please Print Title

documents for the school listed above.

_____ _____
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
Printed Name

_____ 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