

3111 S. Dixie Hwy, Suite 222, West Palm Beach, FL 33405

**PARENT'S/ GUARDIAN'S INFORMATION FORM
USE OF CERTIFICATE OF ELIGIBILITY**



Parent/ Guardian Name: _____

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.

RECEIPT OF INFORMATION FOR THE VPK PROGRAM
(To be completed during your interview with a Parent Counselor)

I, the parent/ guardian, have received the following materials:

- Resource and Referral Brochure
- The VPK Parent Handbook • A more detailed version is available at familycentral.org
- A Family Guide • A copy is available at familycentral.org
- A Quality Checklist
- VPK Provider list VPK provider list not needed
- Voluntary Pre-K Education Standards

I, the parent/ guardian, have also received information on the following:

- VPK session hours (540 vs. 300 hrs.)
- VPK provider profiles are available at <http://www.myflorida.com/childcare/provider> or www.familycentral.org
- VPK teacher requirements
- Child Care Resource and Referral options
 - Customized provider search
 - Prescreening for the waitlist
- Attendance Verification
 - The parent/guardian is required to sign (using full signature) the child in and out daily
 - The parent/guardian is required to also verify monthly the child's attendance for the previous month

- I, the parent/guardian have received all of the above information during my in person, face to face parent consultation.

Parent/ Guardian Signature

Date