

**Voluntary Pre-Kindergarten
Program of Palm Beach County
VPK Child Break-in Service
Re-enrollment Form**

2010--2011 Program Year

Provider Name: _____

Address: _____ City: _____ State: FL ZIP: _____

Please be advised that the following child was previously enrolled in our VPK program and was terminated/withdrawn at one time during the program year. The following child will now be re-enrolled into our VPK program.

1. Child's Name: _____ DOB: ___/___/___

Last day of attendance (must match attendance roster): ___/___/___

Class child was enrolled in: _____

****Parent Section: My signature below certifies that I wish to have my child re-enrolled at the above named center and that my child has not attended VPK at another Provider's site.**

Date child will begin: ___/___/___

Class child will be enrolled in: _____

Note: Please contact one of the Family Central staff listed below* to verify that the child has not attended any other VPK programs during this break. If the child has attended another VPK program during the break, this form is not to be used. The parent/guardian must come to the office to request a re-enrollment before the child can re-enroll. Re-enrollment certificates will not be backdated and payments will not be authorized before the re-enrollment certificate issue date.

Signature of Director/Owner: _____ Date: ___/___/___

Parent Signature: _____ Date: ___/___/___

Note: Both signatures of the Provider and parent are needed to certify the re-enrollment and ensure payment.

MAIL/FAX THIS FORM PROMPTLY TO:

**Family Central, Inc
3111 South Dixie Highway Ste 222
West Palm Beach, FL 33405**

***Attn: Kerrica Savage (Centers A-J, W-Z & Headstart) phone/fax (561) 514-3366**

***Attn: Mignon Broughton (Centers K-V & School District) phone/fax (561) 514-3386**

For office use only:

Received on: ___/___/___ By: _____

EFS Updated on: ___/___/___ By: _____

