



Florida's Office of Early Learning
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM
CHILD ATTENDANCE AND PARENTAL CHOICE CERTIFICATE
(LONG FORM)

| | | | | | |
|--|--|---------|--|---|--|
| 1. Child's First Name Middle Name Last Name Jr./III | | | | 2. Child's Date of Birth | |
| 3. Name of Provider or Public School | | | | 4. VPK Class | |
| 5. Attendance Month | | 6. Year | | 7. Child's Attendance is: <input type="checkbox"/> Entered Below <input type="checkbox"/> See Attached Document | |

| SUN | MON | TUE | WED | THU | FRI | SAT |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Don't Fill In</u> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

= Days attended

PARENTAL CERTIFICATION

I swear (or affirm) that my child (*whose name appears above in item 1*) attended the Voluntary Prekindergarten Education Program on the days entered above, or included in the documentation attached to this form, and certify that I continue to choose the private provider or public school (*whose name appears above in item 3*) to deliver the program for my child and direct that program funds be paid to the provider or school for my child.

| | | | | |
|-------------------------------------|--|-------------|-----------|-----------------|
| 8. First Name of Parent or Guardian | | Middle Name | Last Name | Jr./Sr./III |
| 9. Signature of Parent or Guardian | | | | 10. Date signed |

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep this original signed form for at least 2 years. A private provider must permit the early learning coalition, and a public school must permit the school district, to inspect this original signed form during normal business hours. If required by the early learning coalition, a signed copy of this certificate must be forwarded to the coalition or a qualified contractor acting on behalf of the coalition.