

STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM

Child Attendance and Parental Choice Certificate (LONG FORM)

| 1. Child's first name Middle name Last name Jr./III | | | | | | | | | | ./III 2. | 2. Child's date of birth | | | |
|---|--|-----|--|-------------------|--|-----|---------|-----|--|----------|--|-----|--|--|
| 3. Name of private provider or public school | | | | | | | | | | 4. | 4. VPK class | | | |
| 5. Attendance month <select one=""></select> | | | | | | | 6. Year | | | | 7. Child's attendance is: ☐ Entered below ☐ See attached document | | | |
| SUN | | MON | | TUE | | WED | | THU | | FRI | | SAT | | |
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| | | | | | | | | | | | | | | |
| | | | | ⊠ = 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. Dat | | | | | | | | | | Date sig | e 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.