

VPK OEL-03L also referred to as the **VPK Long Form**:

Use of the VPK Long Form does NOT require the submission of Sign-in/Sign-Out Sheets (SISO).

The VPK OEL-03L Form can be digitally created or printed.

All fields **highlighted** on the VPK Long Form (as shown) **must** be completed.

#1-7 **must** be completed prior Parent/Guardian signature.

1. Child's First – Middle – Last Name ( As it appears on VPK COE)
2. Child's Date of Birth
3. Name of Provider or Public School
4. VPK Class (AF22, BF22, etc...)
5. Attendance month
6. Attendance year
7. Child's attendance is: Mark the appropriate box: Entered below (no SISO needed) OR See attached document (SISO must be attached)

#8-10 **must not** be completed prior to the classroom's last VPK instructional day of the month and no later than the third (3<sup>rd</sup>) ELC business day of the next month.

8. Print name of parent or guardian
9. Signature of parent or guardian
10. Date parent or guardian signed the VPK Long Form

If see attached document was selected for #7 *Child's attendance*, Sign-In/Sign-Out Sheets are **required to be completed daily** and **must** include the following:

1. Provider Name
2. Child Name - as it appears on VPK COE - no nicknames
3. Attendance month and year (Aug/22)
4. Date and Time In - Parent Signature
5. Date and Time Out - Parent Signature
6. Provider Signature

The **VPK Long Form** (and the SISO Sheets, if needed, per provider's choice) have the same due date as the VPK attendance roster and should be uploaded into the Provider Portal to the provider's **Document Library folder titled: *Monthly VPK Long / Short Form & SISO***. Please be sure that both are submitted at the same time to avoid any delay in the processing of the VPK attendance for the month.

**Please note: The retention of records requirements of the Early Learning Coalition of Pinellas, Inc. is five (5) years not two (2) as required by Division of Early Learning. Providers are required to submit the last five (5) years of records to the Coalition if a provider's contract becomes terminated for any reason.**



STATE OF FLORIDA  
VOLUNTARY PREKINDERGARTEN  
EDUCATION PROGRAM

**Child Attendance and  
Parental Choice Certificate  
(LONG FORM)**

<b>1. Child's first name</b>	<b>Middle name</b>	<b>Last name</b>	<b>Jr./III</b>	<b>2. Child's date of birth</b>
<b>3. Name of private provider or public school</b>				<b>4. VPK class</b>
<b>5. Attendance month</b>			<b>6. Year</b>	<b>7. Child's attendance is:</b> <input type="checkbox"/> Entered below <input type="checkbox"/> See attached document

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	9	10	11	12	13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	15	16	17	18	19	20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	22	23	24	25	26	27
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	29	30	31			
<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 checked="" 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.

<b>8. First name of parent or guardian</b>	<b>Middle name</b>	<b>Last name</b>	<b>Jr./Sr./III</b>
<b>9. Signature of parent or guardian</b>			<b>10. Date signed</b>

**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.



STATE OF FLORIDA  
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**Child Attendance and  
Parental Choice Certificate  
(LONG FORM)**

1. Child's first name <b>Jane</b>	Middle name <b>Play</b>	Last name <b>Ground</b>	Jr./III	2. Child's date of birth <b>01/01/2018</b>
3. Name of private provider or public school <b>Early Learning Coalition of Pinellas County</b>				4. VPK class <b>AF22</b>
5. Attendance month <b>August</b>		6. Year <b>2022</b>		7. Child's attendance is: <input checked="" type="checkbox"/> Entered below <input type="checkbox"/> See attached document

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	9	10	11	12	13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	15	16	17	18	19	20
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	22	23	24	25	26	27
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	29	30	31			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" 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 <b>Janet</b>	Middle name <b>Play</b>	Last name <b>Ground</b>	Jr./Sr./III
9. Signature of parent or guardian <i>Janet P. Ground</i>			10. Date signed <b>08/31/2022</b>

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