



STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN
EDUCATION PROGRAM

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

| | | | | |
|--|-------------|-----------|---------|--------------------------|
| 1. Child's first name | Middle name | Last name | Jr./III | 2. Child's date of birth |
| 3. Name of private provider or public school | | | | 4. VPK class |

PARENTAL CERTIFICATION

I swear (or affirm) that my child (*whose name appears above in item 1*) attended the Voluntary Prekindergarten Education Program during the months listed below. I certify that my child's daily attendance in the program was recorded by the private provider or public school and that I or my representative signed the attendance record each day that my child attended the program. I further 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.

| 5. Attendance month and year | 6. Print name of parent or guardian | 7. Signature of parent or guardian | 8. Date signed |
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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 allow the early learning coalition, and a public school must allow 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.