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 **should** 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 (AF23, BF23, 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 **should not** be completed prior than the classrooms last VPK instructional day of the month and no later than the third (3rd) 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 is**, 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/23)
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 the **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)

1. Child’s first name Middle name Last name Jr./Ill 2. Child’s date of birth

3. Name of private provider or public school 4. VPK class

5. Attendance month 6. Year 7. Child’s attendance is:

☐ Entered below
☐ See attached document

8. First name of parent or guardian Middle name Last name Jr./Sr./Ill

9. Signature of parent or guardian 10. Date signed

SUN MON TUE WED THU FRI SAT

1 2 3 4 5 6

7 8 9 10 11 12 13

14 15 16 17 18 19 20

21 22 23 24 25 26 27

28 29 30 31

☒ = 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.

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.

Form
OEL-VPK 03L
(02/14/2007)
Child Attendance and Parental Choice Certificate
(LONG FORM)

1. Child’s first name  Middle name  Last name  Jr./III
   Jane      Play       Ground

2. Child’s date of birth
   01/01/2018

3. Name of private provider or public school
   Early Learning Coalition of Pinellas County

4. VPK class
   AF22

5. Attendance month
   August

6. Year
   2022

7. Child’s attendance is:
   Entered below

8. First name of parent or guardian  Middle name  Last name  Jr./Sr./III
   Janet       Play       Ground

9. Signature of parent or guardian
   Janet P. Ground

10. Date signed
    08/31/2022

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.

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.

Form
OEL-VPK 03L
(02/14/2007)