

VPK OEL-03S also referred to as the **VPK Short Form**:

Use of the VPK Short Form requires the use of Sign-in/Sign-Out Sheets (SISO).

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

All fields **highlighted** on the VPK Short Form (as shown) **Must** be completed.

#1-5 **should** be completed prior Parent/Guardian signature.

1. Child's First – Middle – Last Name (As it appears on VPK COE)
2. Childs Date of Birth
3. Name of Provider or Public School
4. VPK Class (AF23, BF23, etc...)
5. Attendance month and year (example Aug/23)

#6-8 **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.

6. Print name of parent or guardian
7. Signature of parent or guardian
8. Date parent or guardian signed the VPK Short From

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 Short Form and SISO Sheets** 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 all 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**
(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

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.



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
Jane	Play	Ground		01/01/2018
3. Name of private provider or public school				4. VPK class
Early Learning Coalition of Pinellas County				AF22

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
Aug/2022	Janet Ground	<i>Janet Ground</i>	08/31/2022
Sept/2022			
Oct/2022			
Nov/2022			
Dec/2022			
Jan/2023			
Feb/2023			
Mar/2023			
Apr/2023			
May/2023			

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PROVIDER NAME: Sally's Early Learning Center

PARENT/GUARDIAN SIGN-IN/OUT SHEETS

FULL SIGNATURES REQUIRED

CHILD'S NAME: Jane Play Ground

MONTH/YEAR August 2022

DATE	DAY	TIME IN	SIGN IN	TIME Out	SIGN OUT	NOTES
8/10	Wed	9:00 AM PM	Janet Ground	12:01 AM PM	Janet Ground	
8/11	Thur	9:00 AM PM	Janet Ground	12:01 AM PM	Janet Ground	
8/12	Fri	9:01 AM PM	Janet Ground	12:02 AM PM	Janet Ground	
8/15	Mon	AM PM	Absent	AM PM	Absent	
8/16	Tue	9:01 AM PM	Janet Ground	12:03 AM PM	Janet Ground	
8/17	Wed	9:13 AM PM	Janet Ground	12:00 AM PM	Janet Ground	
8/18	Thur	9:00 AM PM	Janet Ground	12:02 AM PM	Janet Ground	
8/19	Fri	AM PM	Absent	AM PM	Absent	
8/22	Mon	9:01 AM PM	Janet Ground	12:01 AM PM	Janet Ground	
8/23	Tue	9:05 AM PM	Janet Ground	12:00 AM PM	Janet Ground	
8/24	Wed	9:04 AM PM	Janet Ground	11:59 AM PM	Janet Ground	
8/25	Thur	9:04 AM PM	Janet Ground	12:00 AM PM	Janet Ground	
8/26	Fri	9:00 AM PM	Janet Ground	12:00 AM PM	Janet Ground	
8/29	Mon	8:50 AM PM	Janet Ground	12:01 AM PM	Janet Ground	
8/30	Tue	8:50 AM PM	Janet Ground	12:02 AM PM	Janet Ground	
8/31	Wed	8:58 AM PM	Janet Ground	12:00 AM PM	Janet Ground	

PROVIDER SIGNATURE: Sally Smith

DATE: August 31, 2022