



**State of Florida**  
**VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM**  
**Child Eligibility and Enrollment Certificate**

**I. CERTIFICATE OF CHILD ELIGIBILITY (Issued by Early Learning Coalition of Duval)**

1.  Is this child's birthday eligible? Is it between 9/2/2005-9/1/2006?		CHILD'S DATE OF BIRTH:	
● This certificate is <b>VOID</b> if child is NOT born between 9/2/05-9/1/06.		<input type="text"/>	
2. VPK program year <b>School Year</b> 10-11	3. Certificate number <del>XXXXXXXXXX</del>	4. Certificate issue date	5. Enrollment <input type="checkbox"/> New enrollment <input type="checkbox"/> Transfer: Duval or if other, where?
6. Child's name		7. How did you hear about us?	
<b>SAMPLE</b>			
8. Home address			
9. City	10. State Florida	11. ZIP Code	
12. Parent/Guardian name		13. Telephone Contact	
I verify the parent provided documentation that the child resides in Florida and was born between 9 / 2 / 2005 - 9 / 1 / 2006.			
ELC Staff Person Signature:		Date:	

**II. PARENTAL RIGHTS AND RESPONSIBILITIES (Certified by Parent/Guardian)**

RIGHTS	RESPONSIBILITIES
<input checked="" type="checkbox"/> To enroll my child with an eligible provider/school of my choice that meets my child's needs, subject to the provider's/school's agreement to admit my child. <input checked="" type="checkbox"/> To be free from the provider or school <u>requiring</u> me to pay <u>any</u> fee or charge for the VPK program. <input checked="" type="checkbox"/> To have the provider/school admit my child in the VPK program without <u>requiring</u> me to enroll my child (or pay) for additional services (e.g., full-day, extended-day, or wrap-around services). <input checked="" type="checkbox"/> To receive VPK services for my child without discrimination on the basis of race, color, or national origin. <input checked="" type="checkbox"/> To select a program that follows approved VPK standards.	<input checked="" type="checkbox"/> To find an eligible provider/school willing to enroll my child. <input checked="" type="checkbox"/> To comply with date of birth and address verification requirements. <input checked="" type="checkbox"/> To provide transportation for my child to and from the VPK program, although some providers or schools may offer transportation. <input checked="" type="checkbox"/> To follow the provider's/school's attendance and other program policies. <input checked="" type="checkbox"/> To verify my child's attendance each month. <input checked="" type="checkbox"/> To allow my child, after completing the VPK program, to be screened by a public school for readiness to enter kindergarten in order to confirm the VPK program's effectiveness. <input checked="" type="checkbox"/> <b>TRANSFERS ONLY:</b> to ensure VPK payment, present transfer certificate to new provider upon your child's first day of enrollment. <u>Only parents or legal guardians listed on child application will be able to make transfers.</u>

I certify that I have read and understand these parental rights and responsibilities for the VPK program.  
 By signing, I affirm my child was born between 9/2/05-9/1/06. Certificate is **VOID** if child is not born between 9/2/05-9/1/06.

13. Signature of Parent/Guardian

14. Date

Initial here to indicate that you received Child Care Resource & Referral information on financial assistance and choosing quality childcare. Additionally, the VPK Handbook is available on our website [www.ELCofDuval.org](http://www.ELCofDuval.org):

<p align="center"><b>TO PROVIDER/SCHOOL:</b></p> <p>Your confirmation number below authorizes the Early Learning Coalition of Duval to make payments to your VPK program IF the certificate bears a <b>VALID</b> birthdate between 9/2/05-9/1/06.</p> <p align="center"><b>* Provider MUST verify child's birthdate. *</b></p>	<p align="center"><b>TO CONTACT THE COALITION FOR PAYMENT:</b></p> <p align="center">Early Learning Coalition of Duval County          6850 Belfort Oaks Place, Suite 102          Jacksonville, FL 32216          904-208-2044      <a href="http://www.elcofduval.org">www.elcofduval.org</a></p>
<del>XXXXXXXXXX</del>	IS YOUR CONFIRMATION NUMBER