



VPK Enrollment Application

CHILD INFORMATION

Full Legal Name: _____

Date of Birth: _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ ZIP: _____

Ethnicity: Hispanic Non-Hispanic

Race (check all that apply):

American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Other Pacific Islander White

Primary Language Spoken: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name: _____

Relationship: _____

Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2

Name: _____

Relationship: _____

Phone: _____ Email: _____

Employer: _____ Work Phone: _____

ENROLLMENT INFORMATION

Requested Start Date: _____

Enrollment Option: School-Year Program (540 hours) Summer Program (300 hours)

Schedule: Monday Tuesday Wednesday Thursday Friday

Drop-off Time: _____ Pick-up Time: _____

Extended Care Needed? Yes No If yes, specify times: _____

MEDICAL & EMERGENCY INFO

Child's Physician: _____ Phone: _____

List any allergies: _____

Medical conditions or special needs: _____

Authorized Emergency Contact (Other than Parents):

Name: _____ Phone: _____ Relationship: _____

REQUIRED DOCUMENTS (Check once submitted):

Proof of Child's Age (Birth Certificate, Passport, etc.)

Proof of Florida Residency (Utility Bill, Lease, etc.)

VPK Certificate of Eligibility from Florida's Early Learning Portal

Completed Student Health Exam (Form DH 3040)

Florida Certificate of Immunization (Form DH 680)

FAITH-BASED PROGRAM CONSENT

I understand that this VPK program integrates faith-based activities including prayer, Bible stories, and Christian music.

☐ I give permission for my child to participate in these activities.

PARENT/GUARDIAN CERTIFICATION

I affirm that the information provided above is true and complete to the best of my knowledge. I understand that my child must be 4 years old on or before September 1 of the enrolling year to qualify for VPK in Florida.

Parent/Guardian Signature: _____ Date: _____