



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./III	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: <input type="checkbox"/> Entered below <input type="checkbox"/> See attached document

SUN	MON	TUE	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> = 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.

8. First name of parent or guardian	Middle name	Last name	Jr./Sr./III
9. Signature of parent or guardian			10. 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 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.