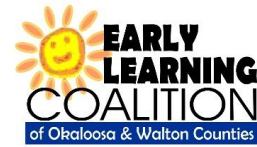




STATE OF FLORIDA
 VOLUNTARY PREKINDERGARTEN
 EDUCATION PROGRAM
**Informed Parental Consent
 for Delayed Enrollment**



A parent or guardian may enroll his or her child in the Voluntary Prekindergarten Education (VPK) Program after instruction has begun for the child’s VPK prekindergarten class (delayed enrollment). However, at least 10 percent of the instructional hours must remain for the chosen VPK class (e.g., 54 hours must remain in a 540-hour school-year program). A parent or guardian who chooses delayed enrollment must complete, sign, and submit this Informed Parental Consent form to the early learning coalition or its designee.

Delayed enrollment does not limit a parent’s right to withdraw and re-enroll his or her child in the VPK program. A child may be withdrawn from one provider or school and re-enrolled with a different provider or school in the **same program type**, if the child has not substantially completed the program and would not receive more than 540 hours for a school-year program or 300 hours for a summer program. The VPK program has **two program types**:

- A school-year prekindergarten program (**540 instructional hours**); and
- A summer prekindergarten program (**300 instructional hours**).

To move between a school-year and summer program, and to receive more than the allotted 540 hours or 300 hours, the withdrawal and re-enrollment must be for good cause or due to an extreme hardship.

1. Child’s Last Name				First Name	Middle Name	Jr./Sr./III	2. Child’s Date of Birth	
3. Child’s VPK Certificate #							4. Enrollment Start Date	
5. Name of Provider or School							6. VPK Class ID (Letter)	
FOR PROVIDER USE ONLY								
Total VPK instructional hours			Elapsed VPK instructional hours			Remaining VPK instructional hours		

INFORMED PARENTAL CONSENT

I have chosen to enroll my child in the VPK program as a delayed enrollment. I have been given information concerning the number of instructional hours remaining in the VPK prekindergarten class that I have selected for my child. I make this choice freely, knowing that once my child is enrolled in the program, he or she may not be eligible for any other state-funded VPK services after the selected VPK class ends.

7. Last Name of Parent/Guardian				First Name	Middle Name	Jr./Sr./III		
8. Signature of Parent/Guardian							9. Date Signed	

Form **AWI-VPK 04**
 (09/21/2005)

Revised for use by the ELC 10.12.16

VPK Providers may send this completed form to ELC-OW via:
 Okaloosa Cty: Fax (833-9344) • Mail (107 Tupelo Ave., Ft. Walton Beach, FL 32548)