



3111 S. Dixie Hwy, Suite 142, West Palm Beach, FL 33405

**PARENT'S/ GUARDIAN'S INFORMATION FORM
USE OF CERTIFICATE OF ELIGIBILITY**



Parent/ Guardian Name: _____

Parent/ Guardian SS#: _____ - _____ - _____

Child's Name: _____

- I was informed that it is not mandatory for me to give my or my child's social security number on the forms I completed.

I became aware of the VPK program from:

- Television Radio Newspaper Friend Early Learning Coalition
- Childcare provider School VPK program Mail Other _____

I am currently receiving child care services through Family Central Yes No

RECEIPT OF INFORMATION FOR THE VPK PROGRAM
(To be completed during your interview with a Parent Counselor)

I, the parent/ guardian, have received the following materials:

- Resource and Referral Brochure
- The VPK Parent Handbook A more detailed version is available at familycentral.org
- A Family Guide A copy is available at familycentral.org
- A Quality Checklist
- VPK Provider list VPK provider list not needed
- Voluntary Pre-K Education Standards

I, the parent/ guardian, have also received information on the following:

- VPK session hours (540 vs. 300 hrs.)
- VPK teacher requirements
- Child Care Resource and Referral options
 - Customized provider search
 - Prescreening for the waitlist

I, the parent/guardian have received all of the above information during my in person, face to face parent consultation.

Parent/ Guardian Signature

Date