



VPK Provider Enrollment Form

Please add your enrolled VPK children to this roster and return to the Early Learning Coalition of Florida's Gateway, Inc.

Please print or type information.

Fax Number 386-628-9338

Classroom Teacher's Name _____

[Coalition Only: Entered in EFS; Staff Signature _____]

Child's Legal Name	Assigned Classroom	Certificate of Eligibility Certificate Number	Enrollment Start Date	Confirmation Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

The provider or school certifies that VPK Certificates of Eligibility for the child(ren) listed were received, and submission of enrollment certifications were submitted to ELC-FG. The provider or school certifies that it admits the child(ren) for enrollment in the VPK program and agrees to deliver the program for each child in the assigned VPK class based on the confirmation number which allows payments to be made for the child(ren) and confirms that the parent or guardian has chosen this VPK site.

VPK Facility Name: _____

Director/Owner/Designee of Authority _____ Date _____

Mail or Fax to: ELC-FG Attn: VPK Provider Payments/ 1104 SW Main Street/ Lake City, FL 32025 or (386) 628-9338