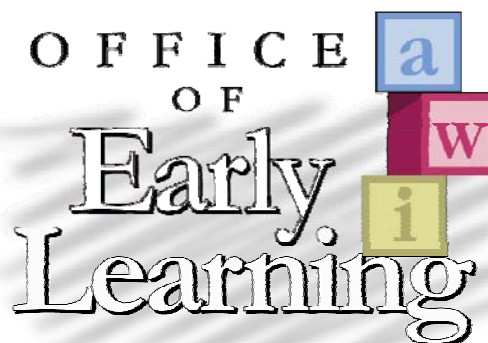


STATE OF FLORIDA  
AGENCY FOR WORKFORCE INNOVATION  
OFFICE OF EARLY LEARNING



VOLUNTARY PREKINDERGARTEN  
EDUCATION PROGRAM

**2005-2006 STATEWIDE PROVIDER  
REGISTRATION APPLICATION**

**Form AWI-VPK 10**

(with instructions)

For more information, visit:

[www.vpkflorida.org](http://www.vpkflorida.org)

Rev. April 29, 2005

Agency for Workforce Innovation – Office of Early Learning  
**VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM**  
**Instructions for Form AWI-VPK 10**  
**2005-2006 STATEWIDE PROVIDER REGISTRATION APPLICATION**

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**Who must complete Form AWI-VPK 10?**

Each private provider or public school interested in delivering the Voluntary Prekindergarten Education (VPK) Program must complete this application. **Completing this application does not guarantee approval to deliver the VPK program.**

**Completing the application form**

This application is available electronically as an editable form in Adobe® Portable Document Format (PDF) at [www.vpkflorida.org](http://www.vpkflorida.org). The form is also available from your early learning coalition as a paper form. To complete this application, you may:

- Use Adobe® Reader® to edit the form fields on a computer and print a paper copy for submission.
- Use a blank paper form and complete it by typing or printing clearly in black or blue ink.

**Submitting the application**

Mail or deliver the completed application to your county's early learning coalition (based on the county in which your VPK site is located). Contact information for your county's early learning coalition may accompany this form. If not, a list of the early learning coalitions and their addresses is found at [www.vpkflorida.org](http://www.vpkflorida.org) under *Where do I go for VPK information in my area?* **Submit this form with all required attachments.**

**Notification of application completion**

Your early learning coalition will notify you whether the provider or school is "provisionally eligible" to deliver VPK, or if any additional information is necessary, within 30 days after receipt of the application. Each "provisionally eligible" provider or school must also complete Form AWI-VPK 11 (2005-2006 Class Registration Application). Once you have submitted all of the required information, the early learning coalition will notify you in writing whether the provider or school is eligible to deliver the VPK program.

**Common errors**

An incomplete application will cause processing delays. To avoid delays, be sure to:

- Complete all required fields.
- Type or print clearly using black or blue ink.
- Provide all required attachments.
- Mail or deliver to your county's early learning coalition.

If you discover an error after mailing or delivering this application, please contact the early learning coalition in your area by telephone or email. Contact information for early learning coalitions may be found at [www.vpkflorida.org](http://www.vpkflorida.org) under *Where do I go for VPK information in my area?*

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**I. PROVIDER / SCHOOL INFORMATION**

**Item 1. Corporate name of provider or school.**—Enter the legal name of your business. The legal name of a business is the official name of the person or entity owning the business and often includes "Corp.," "Inc.," "Co.," or similar titles.

**Item 2. Common name of provider or school (doing business as).**—Enter the provider's or school's common name if it uses a name that is different from your business' legal name. A business' common name is often referred to as a "fictitious business name," an "assumed business name," a "trade name," or "d/b/a" for "doing business as."

**Item 3. Federal employer ID number.**—Enter the provider's federal tax identification number. This number is also known as an employer identification number. This nine-digit number is assigned to businesses by the Internal Revenue Service. If you do not have a federal employer ID number (e.g., family day care home), please list the director/operator/principal's social security number in item 28. An application that does not list either a federal employer ID number in item 3 or a director/operator/principal's social

security number in item 28 will be considered incomplete and may delay processing of the application.

**PRIVACY ACT STATEMENT**

Collection of a federal employer identification or social security number from each provider or school is necessary for reporting payments to the Internal Revenue Service and, accordingly, for processing payments to providers and schools. Consequently, this information is requested in accordance with s. 119.0721(8), F.S. Each provider or school must submit either its federal employer identification number or, if no such number exists, the social security number of its director/operator/principal. This information will be used for payments, federal income reporting, and routine identification of the provider or school in the data systems of the Agency for Workforce Innovation and the early learning coalitions.

**Items 4-8. Address of VPK program site (number and street).**—Enter the physical street address of the program site where the VPK program is delivered. Include the city, county, and postal ZIP code with at least the first five numbers (plus 4 additional numbers if available).

**Items 9-11. Telephone, Fax, Email.**—Enter your business' telephone number with area code first, using the format (XXX) XXX-XXXX in item 9. In item 10, enter your business'

fax number, if available, using the same format. Enter the business' email address, if available, in item 11.

**Items 12-16. Mailing Address (if different from address of the program site).**—If the provider's or school's mailing address is different from the address of its VPK program site, please list a separate mailing street address or post office box, city, county, two-letter state/territory abbreviation, and postal ZIP code with at least the first five numbers (plus four additional numbers if available). If the mailing address is the same as the provider's or school's VPK program site, please mark an  in the box indicating "same as VPK site."

## II. PROGRAM TYPE AND LICENSING INFORMATION

**Item 17. Program type.**—Please mark an  in the appropriate box to indicate the provider's or school's program type. **To be eligible to deliver the Voluntary Prekindergarten Education Program, a provider or school must be one of the indicated program types. An application will be considered incomplete if a box is not marked.**

**Items 18. License number.**—Providers and schools may be licensed by the Florida Department of Children and Family Services or, in some counties, by a local licensing agency. Enter the license number, if available, in item 18. If a private provider is not licensed, the provider must be Gold Seal accredited (item 22) or accredited by an agency that is a member of an association listed in item 26.

**Item 19. Specialized program type.**—A provider or school may be one or more of the specialized program types listed in item 19. Please mark all that apply.

**Item 20. School number (public schools only).**—For public schools, enter your school number in item 20.

## III. GOLD SEAL ACCREDITATION

**Items 21-23. Does the provider hold a current Gold Seal Quality Care designation?**—Mark whether the private provider holds a current Gold Seal Quality Care designation issued by the Florida Department of Children and Family Services. If the provider is Gold Seal accredited, list the name of the accrediting agency and expiration date. **A copy of the official State of Florida Gold Seal certificate issued by the Department of Children and Family Services must be submitted with this application.**

## IV. OTHER ACCREDITATION INFORMATION

**Items 24-26. Name of accrediting agency, Expiration date, Accrediting association membership.**—If the private provider is accredited, list the name of the accrediting agency in item 24. List the accreditation expiration date in item 25 and mark an accrediting association in item 26. A listing of the agencies which are recognized by each accrediting association in item 26 may be found at [www.vpkflorida.org](http://www.vpkflorida.org). **Written documentation of accreditation must be submitted with this application.**

## V. DIRECTOR / OPERATOR / PRINCIPAL INFORMATION

**Item 27. Last name, First Name, Middle Name, Jr./Sr./III.**—Enter the name of the provider's or school's director/operator/principal.

**Item 28. Social security number.**—Enter the director/operator/principal's social security number as shown on his or her social security card. If the individual does not have a card, he or she should apply for one by completing a Department of Treasury, Internal Revenue Service Form SS-5 (Application for Social Security Card). If the director/operator/principal has applied for a card but the number is not received in time for submitting this application, enter "Applied For" in item 28. An application that does not list either the director/operator/principal's social security number in item 28 or a federal employer ID number in item 3 will be considered incomplete and may delay processing of the application. **See the Privacy Act Statement following the instructions for item 3.**

**Items 29-30. Telephone, Email.**—Enter the telephone number of the director/operator/principal, with area code first, using the format (XXX) XXX-XXXX in item 29. Enter the director/operator/principal's email address, if available, in item 30.

**Items 31-34. Director credential type, certificate number, issue date, expiration date.**—Before the beginning of the 2006-2007 school year, private providers are required by law to have a VPK director with one of the credentials listed in item 31.

## VI. INFORMATION TECHNOLOGY SURVEY

**Item 35. Information technology at VPK site.**—Mark whether the provider or school has a computer and printer at the provider's or school's VPK site (not corporate offices) and whether the provider or school has high-speed Internet access (e.g., DSL or Cable) or dial-up Internet access (i.e., telephone) at the VPK site.

## VII. CERTIFICATION

**Items 36-39. Signature of director/operator/principal, Date, Print name, Telephone.**—The applicant is required to sign, date, and print his or her name on this application. The applicant must be the director, operator, or principal. Enter a telephone number in item 38 which may be used to contact the applicant.

### REQUIRED DOCUMENTATION

Attach the following documentation to this application:

- Official Gold Seal certificate (items 21-23), if applicable; or
- Documentation of accreditation (items 24-26), if applicable.

**I. PRIVATE PROVIDER / PUBLIC SCHOOL INFORMATION**

Type or print in black or blue ink

1. Corporate name of provider or school		<b>OFFICIAL USE ONLY</b> OEL provider ID number		
2. Common name of provider or school (doing business as)				3. Federal employer ID number <sup>1</sup>
4. Address of VPK site (number and street)				
5. City		6. County	7. State FLORIDA	8. ZIP+4 Code
9. Telephone		10. Fax		11. Email (VPK site)
12. Mailing address (if different from VPK site)				<input type="checkbox"/> Same as VPK site
13. City		14. County	15. State	16. ZIP+4 Code

<sup>1</sup> NOTE.—See the Privacy Act Statement concerning social security numbers in the instructions accompanying this application.

**II. PROGRAM TYPE AND LICENSING INFORMATION**

17. Program type (check one):

<input type="checkbox"/> Child care facility (licensed)	<input type="checkbox"/> Nonpublic / private school (claims exemption from licensure)
<input type="checkbox"/> Family day care home (licensed)	<input type="checkbox"/> Faith-based child care provider (claims exemption from licensure)
<input type="checkbox"/> Large family child care home (licensed)	<input type="checkbox"/> Public school (whether licensed or not)

18. License number (if licensed)	<b>OFFICIAL USE ONLY</b> DCF provider ID number	Licensed capacity
19. Specialized program type (check all that apply):		20. School number (public school only)
<input type="checkbox"/> Faith-based provider <input type="checkbox"/> School readiness provider <input type="checkbox"/> Charter school <input type="checkbox"/> Head Start provider		

**III. GOLD SEAL ACCREDITATION**

**PRIVATE PROVIDERS ONLY (items 21-23). If the provider is Gold Seal accredited, submit a copy of the official State of Florida Gold Seal certificate issued by the Department of Children and Family Services.**

21. Does the provider hold a current Gold Seal Quality Care designation issued by DCF?		<b>OFFICIAL USE ONLY</b>
<input type="checkbox"/> Yes, provider is Gold Seal accredited <input type="checkbox"/> No		
22. Name of Gold Seal accrediting agency	23. Expiration date	

Corporate name of provider or school (from item 1)	FEID or SSN (from item 3 or 28) <sup>2</sup>
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<sup>2</sup> NOTE.—See the Privacy Act Statement concerning social security numbers in the instructions accompanying this application.

#### IV. OTHER (NON-GOLD SEAL) ACCREDITATION INFORMATION

**PRIVATE PROVIDERS ONLY (items 24-26). If the provider is accredited (other than Gold Seal), submit written documentation of the accreditation (e.g., accreditation certificate).**

24. Name of accrediting agency (other than Gold Seal)	25. Expiration date	<b>OFFICIAL USE ONLY</b>
26. Accrediting agency is a member of:		
<input type="checkbox"/> National Council for Private School Accreditation <input type="checkbox"/> Commission on International and Trans-Regional Accreditation <input type="checkbox"/> Florida Association of Academic Nonpublic Schools		

#### V. DIRECTOR / OPERATOR / PRINCIPAL INFORMATION

27. Last name	First name	Middle name	Jr./Sr./III
28. Social security number <sup>3</sup>	29. Telephone	30. Email	

<sup>3</sup> NOTE.—See the Privacy Act Statement concerning social security numbers in the instructions accompanying this application.

**PRIVATE PROVIDERS ONLY (items 31-34).**

31. Director credential type (required before beginning of 2006-2007 school year):			<b>OFFICIAL USE ONLY</b>
<input type="checkbox"/> Child care facility director credential approved by the Department of Children and Family Services (if completed by July 1, 2006) <input type="checkbox"/> Prekindergarten director credential approved by the Department of Education			
32. Credential certificate number	33. Credential issue date	34. Credential expiration date	

#### VI. INFORMATION TECHNOLOGY SURVEY

35. What information technology do you have at your VPK site? (check all that apply)			
<input type="checkbox"/> Computer(s)	<input type="checkbox"/> High-speed Internet access	<input type="checkbox"/> Dial-up Internet access	<input type="checkbox"/> Printer(s)

#### VII. CERTIFICATION

I certify that:

- The provider or school understands that, in accordance with s. 1002.53(6)(c), F.S., the provider or school may not discriminate against a parent or child, including the refusal to admit a child for enrollment in the VPK program, on the ground of race, color, or national origin.
- The provider or school understands that, in accordance with s. 1002.71(8)(a), F.S., the provider or school may not require payment of a fee or charge for services provided for a child in the VPK program during instructional hours reported for funding.
- The provider or school understands that, in accordance with s. 1002.71(8)(b), F.S., the provider or school may not require a child to enroll for, or require the payment of any fee or charge for, supplemental services as a condition of admitting the child in the VPK program.
- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct.

36. Signature of director / operator / principal	37. Date
38. Print name of director / operator / principal	39. Telephone

<b>OFFICIAL USE ONLY</b>			
Process agent	Date	Process manager	Date