

STATE OF FLORIDA  
AGENCY FOR WORKFORCE INNOVATION  
OFFICE OF EARLY LEARNING



VOLUNTARY PREKINDERGARTEN  
EDUCATION PROGRAM

STATEWIDE PROVIDER  
REGISTRATION APPLICATION

**Form AWI-VPK 10**

(with instructions)

For more information visit:

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

February 14, 2007

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

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

Each private provider or public school delivering the Voluntary Prekindergarten Education (VPK) Program must complete this application. If the provider or school delivered the VPK program during the previous program year, the provider or school may be required to resubmit this application if the application information changed or the application form is substantially revised. **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 <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; or
- 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*). A list of the early learning coalitions and their addresses is found at <http://www.vpkflorida.org>. **Submit this form with all required attachments.**

**Notice of application completion**

In addition to this application, each provider or school must also submit, for each of its VPK classes, Form AWI-VPK 11 (Class Registration Application). Once you have submitted all of the required information and supporting documents, the early learning coalition will notify you whether the provider or school is eligible to deliver the VPK program. Each eligible provider and school must also sign and submit the Statewide Provider Agreement (see Form AWI-VPK 20) to the early learning coalition **before** receiving payment or beginning VPK classes.

**Common errors**

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

- Complete all required items.
- Type or print clearly using black or blue ink.
- Attach all required supporting documents.
- Mail or deliver to your county's early learning coalition.
- Keep a copy of the application for your records.

If you discover an error after mailing or delivering the application, please contact the early learning coalition in your area by telephone or email. Contact information for early learning coalitions is found at <http://www.vpkflorida.org>.

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**I. PROVIDER OR SCHOOL INFORMATION**

**Item 1. New or updated application.**—Mark an  indicating whether the application is new or updated. If the provider or school did not deliver the VPK program during the previous program year, the applicant must submit a “new application.” If a provider or school delivered the program during the previous program year, the provider or school may be required to resubmit an “updated application” if the application information changed or the application form is substantially revised.

**Item 2. Corporate name of provider or school.**—Enter the legal name of your business. The legal name of a business often includes “Corp.,” “Inc.,” “Co.,” or similar titles.

**Item 3. Employer identification number.**—Enter the employer identification number (EIN) of the business (*e.g., provider, owner, school district*) that will receive payments for the VPK program. This nine-digit number is assigned to a business by the Internal Revenue Service. If you do not have an EIN (*e.g., family day care home*), enter the director's or operator's social security number (SSN) in

item 43. An application that does not include either an EIN in item 3 or a director's or operator's SSN in item 43 is incomplete and may delay processing of the application.

**PRIVACY ACT STATEMENT**

Your employer identification number (EIN) or social security number (SSN) is requested in accordance with ss. 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Agency for Workforce Innovation (AWI) and early learning coalitions. Submission of your EIN or SSN on this form is mandatory. Your EIN or SSN will be used for processing payments to you as a VPK provider or school, for reporting those payments for federal tax purposes, and for routine identification of your provider or school.

The early learning coalition may also request a provider or school to submit a Department of Treasury, Internal Revenue Service Form W-9 (Request for Taxpayer Identification Number and Certification) to collect your employer identification number (EIN) or social security number (SSN).

**Item 4. 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 name," "assumed business name," "trade name," or "d/b/a" for "doing business as."

**Items 5-9. 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 five-digit postal ZIP Code (*ZIP+4 if available*).

**Items 10-12. Daytime telephone, fax, email.**—Enter your business telephone number with area code in item 10. In item 11, enter your business fax number with area code, if available. Enter the business email address, if available, in item 12.

**Items 13-17. Mailing address (if different from address of VPK 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, state, and five-digit postal ZIP Code (*ZIP+4 if available*). If the mailing address is the same as the provider's or school's VPK program site, mark an  indicating "same as VPK site."

**Items 18-20. Owner or school district information.**—If you are a private provider owned by another business, enter a contact name for the owner, the legal name of the owner's business, and a daytime telephone number for the owner contact. If you are a public school, enter the name and daytime telephone number of the district staff person who is coordinating the VPK program for your school district.

## II. TYPE OF SETTING AND LICENSING INFORMATION

**Item 21. Type of setting.**—Mark an  indicating the type of setting which describes the provider or school. **To be eligible to deliver the VPK program, a provider or school must be one of the listed types of settings (a registered family day care home is not eligible unless it becomes licensed). An application is incomplete if a box is not marked.** If a private provider (*i.e., private school or faith-based child care*) is not licensed, the provider must be Gold Seal accredited (*item 31*) or accredited by an agency that is a member of an association listed in item 36.

**Item 22. Faith-based.**—Mark an  if the provider or school is faith-based or uses a faith-based curriculum.

**Item 23. DCF identification number.**—If the provider or school is licensed by the Florida Department of Children and Family Services or, in some counties, by a local licensing agency, enter your DCF license number. Faith-based providers that claim exemption from licensure are required to register with DCF and are assigned an identification number beginning with an "X." Faith-based providers, enter your DCF identification number.

**Item 24. District and school number (public schools only).**—For public schools, enter your six-digit school district and school number.

**Item 25. Total child capacity.**—Enter the total number of children that the provider or school is capable of serving at a given time, reflecting all children, not only children in the VPK program. If licensed, the provider or school may not exceed its licensed capacity.

**Items 26-27. Hours of operation.**—Enter the daily hours that the provider or school is open, **NOT** the VPK instructional hours. In item 26, enter the provider's or school's daily opening time. Enter the daily closing time in item 27.

**Item 28. Specialized program types.**—A provider or school may be one or more of the specialized program types. Mark an  for all that apply.

**Item 29. Days of operation.**—Mark all of the days that the provider or school is open, not only the days when VPK instruction is scheduled.

**Item 30. Additional services.**—A provider or school may offer additional services. Mark an  for all that apply.

## III. GOLD SEAL ACCREDITATION INFORMATION

**Items 31-33. Does the provider or school hold a current Gold Seal Quality Care designation?**—Mark whether the provider or school holds a current Gold Seal Quality Care designation issued by the Florida Department of Children and Family Services. If the provider or school is Gold Seal accredited, list the name of the accrediting agency (*item 32*) and expiration date (*item 33*). **If Gold Seal accredited, the provider or school must submit with this application a copy of the official State of Florida Gold Seal certificate issued by the Department of Children and Family Services.**

## IV. OTHER ACCREDITATION INFORMATION

**Items 34-36. Accrediting agency, expiration date, accrediting association membership.**—If the provider or school is accredited, list the name of the accrediting agency in item 34. List the accreditation expiration date in item 35 and mark an accrediting association in item 36. A listing of the agencies recognized by each accrediting association in item 36 is found at <http://www.vpkflorida.org>. **If accredited, the provider or school must submit written documents of the accreditation with this application.**

## V. CURRICULUM INFORMATION

**Items 37-39. Developmentally appropriate curriculum, publisher, curriculum designed by provider or school.**—List the name of all developmentally appropriate curricula used for each VPK class in item 37. List the publisher for each curriculum in item 38. If a curriculum is designed by the provider or school, mark an  in item 39.

**Item 40. VPK domains adopted by the Department of Education.**—The form already includes the VPK domains. These listed domains represent performance standards adopted by the Florida Department of Education as necessary for addressing the age-appropriate progress of children in the VPK program. To see the Department of Education's list of VPK performance standards visit: <http://myfloridaeducation.com/earlylearning>.

**Item 41. Identify curricula addressing each performance standard for the VPK domain.**—Using the curricula listed in item 37 (*notice the letter printed to the left of each curriculum's name*), mark which curricula address each performance standard for the VPK domain listed in item 40. For example, if you list a curriculum in item 37, line A, which addresses emergent literacy, then mark the box in item 41 with the letter "A" next to "emergent literacy" (e.g.,  A). **This item must be completed for all domains in order for the application to be complete.** An incomplete application may cause processing delays.

#### **VI. DIRECTOR, OPERATOR, OR PRINCIPAL**

**Item 42. Name of director, operator, or principal.**—Enter the full name of the provider's or school's director, operator, or principal.

**Item 43. Social security number.**—The taxpayer identification number of the business or person that will receive payments for the VPK program is required. An application that does not list either an employer identification number (EIN) in item 3 or the director's or operator's social security number (SSN) in item 43 is incomplete and may delay processing of the application. **See the Privacy Act Statement following the instructions for item 3.**

If the director or operator does not have an SSN, 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 or operator has applied for a card but the SSN is not received in time for submitting this application, enter "Applied For."

**Public schools must enter an employer identification number (EIN) in item 3 and, therefore, do not need to enter the director's or principal's social security number (SSN) in item 43.**

**Items 44-45. Daytime telephone, email.**—Enter the daytime telephone number of the director, operator, or principal with area code in item 44. Enter the director's, operator's, or principal's email address, if available, in item 45.

**Items 46-52. Director credential, VPK director endorsement, certificate number, issue date, expiration date.**—Private providers must have a prekindergarten director who has:

- A child care facility director credential approved by the Florida Department of Children and Family Services; and
- A VPK director endorsement approved by the Florida Department of Education (*if director credential issued after December 31, 2006*).

In item 46, mark an  indicating whether the provider's prekindergarten director has completed the director credential, the VPK director endorsement, or both. Enter the credential certificate number (*item 47*), issue date (*item 48*), and expiration date (*item 49*). If the director has the VPK endorsement, enter the endorsement certificate number (*item 50*), issued date (*item 51*), and expiration date (*item 52*). **Submit written proof of the director credential and endorsement held by the provider's director or operator.**

#### **VII. CERTIFICATION**

**Items 53-56. Signature of owner, director, operator, principal, or school district staff person, date, print name, daytime telephone.**—The applicant is required to sign, date, and print his or her name on this application. For private providers, the applicant must be the owner, director, or operator. For public schools, the applicant must be the principal or designated school district staff person. Enter a daytime telephone number in item 56 which may be used to contact the applicant.

#### **REQUIRED SUPPORTING DOCUMENTS**

Attach the following documents to this application:

- Official Gold Seal certificate (*items 31-33*), if provider or school is Gold Seal accredited;
- Proof of accreditation (*items 34-36*), if provider or school is accredited; and
- Proof of completing director credential and VPK director endorsement – PRIVATE PROVIDER ONLY (*items 46-52*).

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

Type or print in black or blue ink

1. New or updated application: <input type="checkbox"/> New application <input type="checkbox"/> Updated application		2. Corporate name of provider or school		
3. Employer identification number <sup>1</sup>		4. Common name of provider or school ( <i>doing business as</i> )		
5. Address of VPK site ( <i>number and street</i> )				
6. City		7. County	8. State <b>FLORIDA</b>	9. ZIP+4 Code
10. Daytime telephone		11. Fax	12. Email ( <i>VPK site</i> )	
13. Mailing address ( <i>if different from VPK site</i> )				<input type="checkbox"/> Same as VPK site
14. City		15. County	16. State	17. ZIP+4 Code
18. Owner contact or school district staff		19. Owner's corporate name ( <i>if applicable</i> )		20. Daytime telephone

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

**II. TYPE OF SETTING AND LICENSING INFORMATION**

21. Type of setting ( <i>check one</i> ):		
<b>Licensed private providers:</b> <input type="checkbox"/> Child care facility ( <i>licensed</i> ) <input type="checkbox"/> Family day care home ( <i>licensed</i> ) <input type="checkbox"/> Large family child care home ( <i>licensed</i> ) <input type="checkbox"/> Private school ( <i>licensed</i> )	<b>Non-licensed private providers (must be accredited, items 32 or 34):</b> <input type="checkbox"/> Faith-based child care ( <i>claims exemption under s. 402.316, F.S.</i> ) <input type="checkbox"/> Faith-based private school ( <i>claims exemption under s. 402.3025, F.S., or s. 402.316, F.S.</i> ) <input type="checkbox"/> Nonreligious private school ( <i>claims exemption under s. 402.3025, F.S.</i> )	
22. Faith-based ( <i>check if applicable</i> )		<b>Public schools:</b>
<input type="checkbox"/> Provider or school is faith-based or uses faith-based curricula.		<input type="checkbox"/> Public school ( <i>licensed</i> ) <input type="checkbox"/> Public school ( <i>exempt from licensure under s. 402.3025, F.S.</i> )
23. DCF identification number ( <i>licensed or claims exemption under s. 402.316, F.S.</i> )	24. District and school number ( <i>public school only</i> )	25. Total child capacity
Hours and days of operation ( <i>daily hours and days of week that provider or school is open, NOT VPK schedule</i> ):		
26. Daily opening time <input type="checkbox"/> AM <input type="checkbox"/> PM	29. Days of operation ( <i>check all that apply</i> ): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	30. Additional services ( <i>check all that apply</i> ): <input type="checkbox"/> Full day <input type="checkbox"/> Half day <input type="checkbox"/> Drop-in care <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Weekend care <input type="checkbox"/> Night care <input type="checkbox"/> Infant care <input type="checkbox"/> Transportation <input type="checkbox"/> Food served <input type="checkbox"/> School readiness
27. Daily closing time <input type="checkbox"/> AM <input type="checkbox"/> PM	28. Specialized program types ( <i>if applicable, check all that apply</i> ): <input type="checkbox"/> Head Start <input type="checkbox"/> Charter school	

Corporate name of provider or school (from item 2)	EIN or SSN (from items 3 or 43) <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.

### III. GOLD SEAL ACCREDITATION INFORMATION

<b>If the provider or school 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.</b>		<b>OFFICIAL USE ONLY</b>
31. Does the provider or school hold a current Gold Seal Quality Care designation issued by DCF?		
<input type="checkbox"/> Yes, the provider or school is Gold Seal accredited. <span style="margin-left: 200px;"><input type="checkbox"/> No</span>		
32. Name of Gold Seal accrediting agency	33. Expiration date	

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

<b>If the provider or school is accredited (other than Gold Seal), submit written proof of accreditation (e.g., accreditation certificate).</b>		<b>OFFICIAL USE ONLY</b>
34. Name of accrediting agency (other than Gold Seal)	35. Expiration date	
36. Accrediting agency is a member of: <ul style="list-style-type: none"> <li><input type="checkbox"/> National Council for Private School Accreditation</li> <li><input type="checkbox"/> Commission on International and Trans-Regional Accreditation</li> <li><input type="checkbox"/> Florida Association of Academic Nonpublic Schools</li> </ul>		

### V. CURRICULUM INFORMATION

37. Name each developmentally appropriate curriculum used by the provider or school.	38. Name of publisher (unless curriculum is designed by the provider or school)	39. Curriculum designed by provider/school
A.		<input type="checkbox"/>
B.		<input type="checkbox"/>
C.		<input type="checkbox"/>
D.		<input type="checkbox"/>
E.		<input type="checkbox"/>

  

40. VPK domains adopted by the Department of Education (performance standards for each domain are available at <a href="http://myfloridaeducation.com/earlylearning">http://myfloridaeducation.com/earlylearning</a> )	41. Check which curriculum listed in item 37 addresses each performance standard for the VPK domain listed in item 40.
<b>Physical health</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
<b>Approaches to learning</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
<b>Social and emotional development</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
<b>Language and communication</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
<b>Emergent literacy</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
<b>Cognitive development and general knowledge</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
<b>Motor development</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E

Corporate name of provider or school (from item 2)	EIN or SSN (from items 3 or 43) <sup>3</sup>
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<sup>3</sup> NOTE.—See the Privacy Act Statement concerning social security numbers in the instructions accompanying this application.

## VI. DIRECTOR, OPERATOR, OR PRINCIPAL INFORMATION

42. <input type="checkbox"/> Mr. First name	Middle name	Last name	Jr./Sr./III
<input type="checkbox"/> Ms.			

43. Social security number <sup>4</sup>	44. Daytime telephone	45. Email
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<sup>4</sup> NOTE.—See the Privacy Act Statement concerning social security numbers in the instructions accompanying this application.

<b>PRIVATE PROVIDER ONLY (items 46-52).—Submit written proof of the director's or operator's completion of the director credential and VPK endorsement (e.g., credential certificate).</b>	<b>OFFICIAL USE ONLY</b>	
46. Director credential and VPK endorsement (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Child care facility director credential approved by the Department of Children and Family Services</li> <li><input type="checkbox"/> VPK director endorsement approved by the Department of Education (if director credential issued after December 31, 2006)</li> </ul>		
Child care facility director credential (items 47-49):		
47. Credential certificate number	48. Credential issue date	49. Credential expiration date
VPK director endorsement (items 50-52):		
50. Endorsement certificate number	51. Endorsement issue date	52. Endorsement expiration date

## 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 must **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 must **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 must **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.
- In accordance with s. 1002.67(2)(b), F.S., the curricula used by the provider or school:
  - Are developmentally appropriate;
  - Are designed to prepare students for early literacy;
  - Enhance the age-appropriate progress of students in attaining the performance standards adopted by the Department of Education; and
  - Prepare students to be ready for kindergarten.
- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. If any of this information changes, I understand that the provider or school must submit an updated application that reflects the changes.

53. Signature of owner, director, operator, principal, or school district staff	54. Date
55. Print name of owner, director, operator, principal, or school district staff	56. Daytime telephone

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