

ORANGE COUNTY VOLUNTARY PRE-KINDERGARTEN PROGRAM (VPK)
CLASSROOM ENROLLMENT / ADDITION FORM

Provider Name: _____ **Address:** _____ **Vendor Number:** _____ **Classroom letter:** _____

Child LAST name, FIRST name <i>(exactly as in proof of birth)</i>	Date of Birth <i>(MM/DD/YY)</i>	Parent Application <i>(signed and dated front and back)</i>	Proof of Residence <i>(attached)</i>	Proof of Birth <i>(attached)</i>	Certificate Of Eligibility if not Pilot	Office use only Results	OFFICE USE ONLY
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*Pilot providers understand that submission of this Enrollment form and the child's enrollment package does not constitute authorization to enroll the child(ren).
Please complete a separate Enrollment form for each class.*

Provider Signature: _____ **Date:** ____/____/____ **Telephone Number:** _____

Provider: 1. Mail original documents attached to this form to: 4C at 3500 West Colonial Drive, Orlando, FL 32808 Attn: VPK Manager Orange County 2. Keep copy of parent's paperwork for your files.	<i>OFFICE USE ONLY</i>	<i>OFFICE USE ONLY</i>
	Received: _____	Children in EFS: ____/____/____ By: _____