

**STATE OF FLORIDA  
AGENCY FOR WORKFORCE INNOVATION  
OFFICE OF EARLY LEARNING**



**VOLUNTARY PREKINDERGARTEN  
EDUCATION PROGRAM**

**CLASS REGISTRATION  
APPLICATION**

**Draft Form AWI-VPK 11**

(with instructions)

For more information visit:

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

May 24, 2007

Agency for Workforce Innovation – Office of Early Learning  
**VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM**  
**Instructions for Draft Form AWI-VPK 11**  
**CLASS REGISTRATION APPLICATION**

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**Who must complete Form AWI-VPK 11?**

Each program year **before** children are enrolled for the Voluntary Prekindergarten Education (VPK) Program in a provider's or school's VPK class, the provider or school must complete a separate Form AWI-VPK 11 (Class Registration Application) for each of the provider's or school's VPK classes.

**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; 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*). 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?](#)

**Notification of application completion**

Once you have submitted this application, your early learning coalition will notify you if any additional information or supporting documents must be submitted.

**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.
- 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 [www.vpkflorida.org](http://www.vpkflorida.org) under [Where Do I Go for VPK Information In My Area?](#)

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**I. CLASS INFORMATION**

**Item 1. VPK program year.**—Enter the VPK program year (*e.g., 2007-2008, 2008-2009, 2009-2010*). The form may already include the program year.

**Item 2. New or updated class.**—Each program year, a provider or school must submit a new class registration for each VPK class. After you submit a class registration, you may subsequently revise the registration information by submitting an updated registration. Mark an  indicating whether the class registration is new or updated.

**Item 3. Class identifier.**—A provider or school must establish VPK classes for purposes of recording class schedules and enrolling children in each class. The provider or school must assign each class a letter (*e.g., A, B, C*) to identify the class and distinguish between classes. Mark an  indicating the class letter.

**Item 4. VPK Director.**—Enter the private provider's VPK director's full name. The VPK director must be credentialed in accordance with s. 1002.57, F.S.

**Item 5. Taxpayer identification number.**—Enter the provider's or school's taxpayer identification number. This item is the same as item 3 entered on Form AWI-VPK 10. If you do not have an employer identification number (EIN), enter the director's/operator's social security number (SSN) from item 43 on Form AWI-VPK 10. Failure to provide this information may delay processing of the application.

**Item 6. Corporate name of provider or school.**—Enter the legal name of your business, which should be the same as item 2 entered on Form AWI-VPK 10 (Statewide Provider Registration 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. If you submit your EIN or SSN, it will be used for routine identification of your provider or school. Submission of your EIN or SSN on this form is voluntary.

**Items 7-10. 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*).

## II. CLASS INSTRUCTOR INFORMATION

**Items 11-12. Lead VPK instructors.**—Each provider or school must list at least one VPK instructor in item 11 who has the credentials and emergent literacy training required for the VPK program and who has completed a Level 2 background screening. If more than one credentialed instructor is assigned to teach the class, list each of these instructors (*attach additional pages if needed*). Enter the full name of each instructor in item 11, the instructor's credential, the instructor's highest degree, if the instructor has a Florida teacher certificate, and the social security number in item 12.

### PRIVACY ACT STATEMENT

The social security number of each of your VPK instructor is requested under s. 119.071(5)(a)2., F.S., for use in the records and data systems of the Agency for Workforce Innovation (AWI), Department of Children and Family Services (DCF), Department of Education (DOE), and early learning coalitions. If you submit an instructor's social security number, it will be used to confirm the instructor's background-screening clearances and validate the instructor's educational credentials in accordance with ss. 1002.55, 1002.61, and 1002.63, F.S. Submission of each instructor's social security number on this form is voluntary and, if DCF has assigned the instructor a child care training identification number in lieu of a social security number, you are instead requested to submit the training identification number.

**Items 13-15. Total class size.**—Enter the number of VPK children (*item 13*) and non-VPK children (*item 14*) expected to enroll in the class. If, at the time of submitting this application, it is unknown how many non-VPK students will participate in the class, mark "N/A" in item 14. Enter the total class size (*sum of items 13 and 14*) in item 15. **Each provider or school is required to enroll a minimum of four VPK children in each class. During the school-year VPK program, the total class size (combination of VPK and non-VPK children) may not exceed 18 children. During the summer VPK program, the total class size may not exceed 10 children.**

**Items 16-17. Secondary instructors.**—In the school-year program (*540 instructional hours*), for each class of 11 or more children, a secondary instructor is required. A secondary instructor must be 18 years of age or older and must have completed a Level 2 background screening. If more than one secondary instructor is assigned to the class, list each of these instructors (*attach additional pages if needed*). Enter the full name of each instructor in item 16, the instructor's credential, if any, the instructor's highest degree, if the instructor has a Florida teacher certificate, and the social security number in item 17. **See the Privacy Act Statement following the instructions for items 11-12.**

## III. CLASS SCHEDULE INFORMATION

**Item 18. VPK program type.**—Mark which type of VPK program the specified class will deliver for VPK children. **The school-year program must comprise at least 540 instructional hours. The summer program must comprise at least 300 instructional hours.**

**Items 19-20. VPK start date, VPK end date.**—Enter the date that the VPK class will start in item 19, and enter the date that the class will end in item 20. Enter all dates in *mm/dd/yyyy* format, where *mm*=month, *dd*=day, and *yyyy*=year.

**Items 21-22. Class schedule same as other class.**—If a provider or school has established a VPK class using the same class schedule as the new class being registered on this application, the provider or school may simply enter in item 22 the letter (e.g., **A, B, C**) identifying the class for

which a class registration application was previously submitted with detail of the class schedule. If the class schedule is new, mark an  in item 21 showing "new schedule." **A previous year's application may not be substituted for the current year's class schedule.**

**Item 23. Classroom Language.**—Enter the language primarily spoken during the instructional hours of the program.

**Item 24. VPK days of week.**—Mark an  for each day of the week that the VPK class will meet in item 24.

**Items 25-26. Schedule of VPK instructional hours.**—For each VPK day of the week (*item 24*), enter the day's range of scheduled VPK instructional hours (e.g., *8:30 – 11:30*). Certain activities may not qualify as instructional (e.g., *napping*). Enter morning schedules in item 25 and afternoon/evening schedules in item 26.

**Item 27. Total VPK instructional hours per day.**—For each VPK day of the week (*item 24*), enter the day's total number of VPK instructional hours in item 27 (e.g., *3 hours*). Each day's schedule of instructional hours (*items 25-26*) must be consistent with the total instructional hours per day (*item 27*).

**Item 28. Total VPK instructional hours per week.**—Add together the total VPK instructional hours per day (*item 27*) for each day of the week and enter the sum in item 28.

**Item 29. Non-instructional dates.**—List all dates that the VPK class will not meet between the start date (*item 19*) and the end date (*item 20*) which occur on a day of the week listed in item 24 (*attach additional pages if needed*). These dates may include, but are not limited to, holidays, vacation days, and teacher workdays. Enter all dates in *mm/dd/yyyy* format, where *mm*=month, *dd*=day, and *yyyy*=year.

## IV. CERTIFICATION

**Items 30-33. Signature of owner/director/operator/principal/school district staff, 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. Enter a daytime telephone number in item 33 which may be used to contact the applicant.

### REQUIRED SUPPORTING DOCUMENTATION

PRIVATE PROVIDERS ONLY – To verify compliance with program requirements, the early learning coalition may require the provider to submit written documentation of the following:

- Level 2 background-screening clearances of credentialed and secondary instructors (*item 11 and item 16*):
  - Affidavit of Good Moral Character;
  - Local criminal records checks;
  - Statewide criminal and juvenile records checks; and
  - Federal criminal records checks.
- Credentials and emergent literacy training of credentialed instructors (*item 11*).

**I. CLASS INFORMATION**

Type or print in black or blue ink

**Each program year, a provider or school must submit a separate application for each of its VPK classes.**

1. VPK program year	3. Class identifier ( <i>check one</i> ):  <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M		
2. New or updated registration: <input type="checkbox"/> New class <input type="checkbox"/> Updated registration	4. VPK Director ( <i>full name</i> )		
5. EIN or SSN <sup>1</sup>	6. Corporate name of provider or school		
7. Address of VPK site ( <i>number and street</i> )			
8. City	9. County	10a. State <b>FLORIDA</b>	10b. ZIP+4 Code

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

**II. CLASS INSTRUCTOR INFORMATION**

**Each provider or school must list at least one VPK instructor in item 11 who has the credentials and emergent literacy training required for the VPK program and who has completed a Level 2 background screening. Each instructor's credential and degree information is required. If more than one credentialed instructor is assigned to teach this class, list each of these instructors. See Keys below for Credential and Degree values. (*Attach additional pages if needed.*)**

11. Lead VPK instructor ( <i>full name</i> )	Teacher Certificate	Qualifying Credential*	Highest Degree**	12. SSN <sup>2</sup>	OFFICIAL USE ONLY
					Background screenings _____ Credentials _____ Emergent literacy training _____
					Background screenings _____ Credentials _____ Emergent literacy training _____

Check if credentialed instructor(s) are attached on additional pages.

<sup>2</sup> NOTE.—See the Privacy Act Statement concerning social security numbers in the instructions accompanying this application.

Total class size ( <i>number of children</i> )			If the class is in the school-year program ( <i>item 18</i> ) and is composed of 11 or more children ( <i>item 15</i> ), a secondary instructor must be listed in item 16.
13. VPK	14. Non-VPK	15. Total	

**A secondary instructor is NOT required to have the credentials or training required for a credentialed instructor (*item 11*), except that a secondary instructor must be 18 years of age or older and must have completed a Level 2 background screening. Each instructor's credential, if any, and degree information is required. If more than one secondary instructor is assigned to this class, list each of these instructors in item 16. (*Attach additional pages if needed.*)**

16. Secondary instructor ( <i>full name</i> )	Teacher Certificate	Qualifying Credential*	Highest Degree**	17. SSN <sup>3</sup>	OFFICIAL USE ONLY
					Background screenings _____
					Background screenings _____

Check if secondary instructor(s) are attached on additional pages.

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

\* **Credential Key** (The credential that qualifies the individual as a VPK instructor.):  
**NECC:** National Early Childhood Certificate. Recognition is determined by the DCF. See [https://training01-dcf.myflorida.gov/DCF/cct/necc\\_programs.html](https://training01-dcf.myflorida.gov/DCF/cct/necc_programs.html) for a list of recognized certificates.  
**FCCP:** Active Birth through Five Child Care Credential (FCCPC), DOE Early Childhood Professional Certificate (ECPC) or Child Care Apprenticeship Certificate (CCAC), or the Florida Child Development Associate Equivalency Credential (CDAE).  
**AS:** AA, AA, or AAS in an approved field or with required minimum hours and experience.  
**BA:** B.A. or B.S. in an approved field or with required minimum hours and experience.  
**MA:** MA or MS in an approved field or with required minimum hours and experience.  
**PhD:** Doctorate in an approved field or with required minimum hours and experience.  
**STNR:** Second teacher, credential not required

\*\* **Degree Key** (This is the highest degree held by the instructor, whether or not it qualifies the person to teach VPK.):  
**LTHD** (Less Than High School); **GED**; **HS** (High School); **TECH** (Technical Certificate, including FCCPC, ECPC, CCAC, NECC, CDAE); **AA** (Associate); **AS** (Associate of Science or Applied Science); **BA** (Bachelor); **MA** (Master); **PhD**(Doctorate)

VPK program year (item 1)	Class identifier (item 3)	Corporate name of provider or school (item 6)	EIN or SSN (item 5)
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### III. CLASS SCHEDULE INFORMATION

18. VPK program type (check one): <input type="checkbox"/> School year (540 instructional hours) <input type="checkbox"/> Summer (300 instructional hours)		19. Start date	20. End date	23. Classroom Language
21. Class schedule: <input type="checkbox"/> New schedule	22. Schedule same as (class identifier):	<b>If the provider or school indicates that the class schedule for this VPK class is the same as the schedule for another VPK class (item 22), skip items 24-29.</b>		
24. VPK days per week	25. Morning schedule of VPK instructional hours	26. Afternoon/evening schedule of VPK instructional hours	27. Total VPK instructional hours per day	
<input type="checkbox"/> Monday	AM	PM	hours	
<input type="checkbox"/> Tuesday	AM	PM	hours	
<input type="checkbox"/> Wednesday	AM	PM	hours	
<input type="checkbox"/> Thursday	AM	PM	hours	
<input type="checkbox"/> Friday	AM	PM	hours	
<input type="checkbox"/> Saturday	AM	PM	hours	
<input type="checkbox"/> Sunday	AM	PM	hours	
28. Total VPK instructional hours per week			hours	

29. Non-instructional dates (list all dates that children will not attend the VPK class between start date in item 19 and end date in item 20 which occur on a day of the week listed in item 24, e.g., holidays, teacher workdays) (**Attach additional pages if needed**):


Check if non-instructional date(s) are attached on additional pages.

### IV. CERTIFICATION

I certify that:

- Each credentialed and secondary instructor listed in item 11 and item 16 are of good moral character, have completed a Level 2 background screening, are permitted to be employed under s. 435.06, F.S., and are not ineligible to teach in a public school because the instructor's educator certificate is suspended or revoked;
- Each credentialed instructor listed in item 11 has the credentials and emergent literacy training required for the VPK program; and
- 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.

30. Signature of owner / director / operator / principal / school district staff	31. Date
32. Print name of owner / director / operator / principal / school district staff	33. Daytime telephone

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