



Agency for Workforce Innovation – Office of Early Learning  
**VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM**  
**STATEWIDE PROVIDER REGISTRATION APPLICATION**

Program Year:  
 New Application       No Change  
 Updated Application & Date:

**I. PRIVATE PROVIDER/ PUBLIC SCHOOL INFORMATION** **Type or print in black or blue ink**

1. Provider Name (as on DCF license or accreditation certificate):		
2. Employer Identification Number (EIN <sup>1</sup> )	3. DCF Identification Number or Exemption Number	
4. Address of VPK Site (number and street)		
5. City	6. County	7. Zip Code
8. Daytime Phone Number	9. Fax Number	10. Email Address (VPK site)
11. Mailing Address (if different from VPK Site)		<input type="checkbox"/> Same as VPK Site
12. City	13. State	14. Zip Code
15. Owner or School District Staff	16. Owner Corporate Name (if applicable)	17. Daytime Phone Number

<sup>1</sup> **NOTE** – See the Privacy Act Statement concerning EINs and Social Security Numbers on page 1 of the instructions accompanying this application.

**II. TYPE OF SETTING AND LICENSING INFORMATION** **Submit written documentation of items 18-19 as applicable**

18. Type of Setting (check one):		
<b>Licensed Private Provider:</b> <input type="checkbox"/> Child Care Facility <input type="checkbox"/> Family Day Care Home <input type="checkbox"/> Large Family Child Care Home <input type="checkbox"/> Private School	<b>Non-Licensed Private Provider (must be license-exempt &amp; accredited):</b> <input type="checkbox"/> Faith-Based Child Care (exempt under s.402.316, F.S.) <input type="checkbox"/> Faith-Based Private School (exempt under s. 402.3025, F.S., or s.402.316, F.S.) <input type="checkbox"/> Nonreligious Private School (exempt under s. 402.3025, F.S.)	<b>Public School:</b> <input type="checkbox"/> Public School (licensed or district approved charter school) <input type="checkbox"/> Public School (exempt from licensure under s. 402.3025, F.S.)
19. Specialized Program Type (if applicable): <input type="checkbox"/> Head Start <input type="checkbox"/> Charter School	20. District and School Number (public school only)	21. Total Child Capacity

**III. ACCREDITATION INFORMATION** **Required for license exempt private providers. Voluntary for all other providers.**

If the provider is accredited by an accrediting agency that is a member of one of the organizations listed below or in s. 1002.55(3)(b), F.S., submit written documentation of the accreditation (e.g. accreditation certificate). If not accredited by a member agency of those listed below, submit a copy of the official Gold Seal Quality Care Designation certificate issued by the Department of Children and Family Services.

22. Provider's accrediting agency is a member of: <input type="checkbox"/> National Council for Private School Accreditation <input type="checkbox"/> Florida Association of Academic Nonpublic Schools <input type="checkbox"/> Southern Association of Colleges and Schools <input type="checkbox"/> Other (see section 1002.55(3)(b), F.S.): _____ <input type="checkbox"/> None of the above (Using Gold Seal Quality Care Designation)	23. Name of Accrediting Agency
	24. Certificate Expiration Date

**IV. DIRECTOR OR PRINCIPAL INFORMATION** **Private Providers: Submit written documentation of items 28 – 31.**

25. Full Name	26. Daytime Phone Number	27. Email Address
28. Director Credential Type: <input type="checkbox"/> VPK Director Credential <input type="checkbox"/> Child Care Facility Director Credential (if completed by December 31, 2006)		29. Credential Issue Date
30. Director Credential Certificate Number		31. Credential Expiration Date

**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 must submit updated information to the coalition in writing within 14 days of the change. I also understand that the provider is encouraged to submit updated information before a change is implemented as the provider may be out of compliance with the requirements of the VPK Program if the changes are implemented before the coalition approves of the changes.**

32. Signature of Authorized Representative <input type="checkbox"/> By Electronic Signature	33. Date
34. Print Name of Authorized Representative	35. Daytime Phone Number

<b>OFFICIAL USE ONLY</b>			
Process Agent	Date	Process Manager	Date