



(VPK) VOLUNTARY PRE-KINDERGARTEN PROGRAM
CLASSROOM ENROLLMENT ROSTER

Provider Name: _____ Address: _____ Confirmation (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>	Child Application <i>(signed and dated)</i>	Proof of Residence <i>(must match application)</i>	Proof of Birth <i>(attached)</i>	Certificate Of Eligibility	Office use only Results Enrolled Or Returned	OFFICE USE ONLY Comments
		PILOT PROVIDERS 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 2675 Winkler Ave Suite 300 Ft. Myers, FL 33901 Attn: VPK Department 2. Keep yellow copy of certificate and return original white copy with this form.	OFFICE USE ONLY	
	Received: _____	Children in EFS: ____/____/____ By: _____