



230 N. Beach Street, Daytona Beach, FL 32114 (386) 323-2400

Voluntary Pre-kindergarten Payment Selection Form

- 1) **As an approved Voluntary Prekindergarten provider I choose the following payment method (check one):**
- a) Monthly estimated advance payment calculated at 95% of the hourly VPK rate, to be reconciled in the following month against actual earnings.
 - b) **Reimbursement after the end of the month based on actual enrollment and attendance records with no estimated advance payment.**
- 2) **I wish to receive payment in the form of (check one and include necessary information):**
- a) A check mailed to:
Name (print first, last): _____
Provider Name: _____
Mailing Address: _____

 - b) Direct deposit into my checking account, see attached VOIDED check below:

Attach VOIDED check here

Authorized Signature

Date