

AWI-VPK 10

VPK Provider Application Checklist 2010/2011

Provider Name _____ Provider Telephone _____

VPK Program Type (check one) School Year 540 hour _____ Summer 300 hours _____

To set an appointment call Appointment date/time _____ Director's Name _____
 (386) 323-2400 ext. 186

Provider checkmark documentation is attached	Required documentation attachments for VPK 10 Application	Not accepted	Reason for non acceptance	Accepted	Alert document will expire	Expiration Date	Renewal received date
Please Check One:	Department of Children and Families License						
DCF License	OR License Exempt						
or Accreditation Certificate							
	Certificate of Insurance						
	Attendance Policy						
	Director Credential (must be VPK endorsed if credential was issued after 12/31/2006)						
Must check all _____	Director's Level II Background Screening						
Local FDLE FBI AGMC							
	Gold Seal Accreditation Certificate (optional)						
	W-9 Form						
	Payment Selection Form						
Incomplete review date and initial	Notes		VPK 10 Approval Date _____				
			ELCFV Staff Signature _____				
			Provider Signature _____				