



Episcopal Children's Services
Better Lives Start With Better Beginnings.



VPK CHILD REGISTRATION PILOT PROGRAM APPLICATION

Provider Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Email address: _____
 (If an email address is provided this will be where we will sent you updates/information)

Director: _____

I have:

- ✓ Delivered the VPK program for the previous two years.
- ✓ Have attended a training session conducted by the Coalition which instructs the provider on procedures for registering a child for the VPK program, accepting a child application and supporting documentation on behalf of the coalition, and conducting a parent-orientation session.
- ✓ Understood that submission of this application does not require or guarantee my participation in the Pilot Program.
- ✓ Understood that in order to participate in the Pilot Program, I must still complete the regular VPK application process which includes, but is not limited to, submitting forms AWI-VPK 10,11, & 20 (with supporting documentation).
- ✓ Understand that to participate in the pilot project we must record daily child attendance using:
 - a. A paper sign-in or sign-out log that records the date, child's name, and signature of the parent or other person dropping off or picking up the child to or from the VPK site; OR
 - b. Electronic attendance tracking system that records the date, child's name, and electronic signature, card swipe, entry of a personal identification number, or similar daily action taken by the parent or other person dropping off or picking up the child to or from the VPK site.

Therefore I believe that I am eligible to provide participate in the Pilot Project.

Director/Owner Signature: _____ Date: _____

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| <i>Official Use Only:</i> | |
| Received & Reviewed by: | |
| Notes: | |