

**VPK Class Enrollment Request**

Use of this form is optional. If you opt to use this form a completed signed Certificate of Enrollment (COE) **must** be maintained in each child file for audit purposes.

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| To: | **Early Learning Coalition of Manatee County** | From: |  |  |
| Attn: | Provider Reimbursement Dept. |  | *(Name of VPK Provider)* |  |
| Fax: | (941) 757-2918 | Contact Name: |  |  |
|  |  | Contact Number: |  |  |
|  |  | Date: |  |  |
|  |  |  |  |  |

**Program:** ⬜ Summer 2016 ⬜ School Year 2016-17 ⬜ Summer 2017

*(Use a separate sheet for each program)*

**Class:**  ⬜ A ⬜ B ⬜ C ⬜ D ⬜ E ⬜ F ⬜ G

*(Use a separate sheet for each class)*

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| **Name of Child**  First Last | **Social Security #**  only last 4 digits | **Birth Date**  mm/dd/yy | **Child**  **Start Date** |
| *Mary Doe*  *Example* 🡪 | *XXX-XX-2424* | *02/02/02* | *09/01/11* |
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