

VOLUNTARY PREKINDERGARTEN TRANSFER TO KINDERGARTEN

I. CHILD / PROGRAM INFORMATION (required)

Type or print in black or blue ink

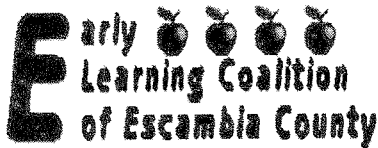
1. VPK program year		2. Type: <input type="checkbox"/> School Year <input type="checkbox"/> Summer	
3. Pre-School Name		4. School ID#	
5. % of VPK program completed by Child		Percent = Hours/540 or Hours/300	
6. Child's first name		Middle name	Last name
		Jr./III	
6. Date of birth (mm/dd/yyyy)		9. Primary spoken language (optional) other language? Proficient in English?	
7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
8. Child's Social Security Number <sup>1</sup>			
10. Home address (number and street)			
11. City		12. County	13. State Florida
14. ZIP+4 Code			
16. Heritage			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Middle Eastern <input type="checkbox"/> Vietnamese <input type="checkbox"/> East Indian/Pakistani <input type="checkbox"/> Australian <input type="checkbox"/> Russian/Slavik <input type="checkbox"/> European <input type="checkbox"/> Multi-Racial	
18. Number of Siblings or other children in the home.			
19. Child's birth order or position by age.			

II. PARENT / GUARDIAN INFORMATION (required)

18. <input type="checkbox"/> Mr. First name		Middle name	Last name
<input type="checkbox"/> Ms.		Jr./Sr./III	
19. Parent's / Guardian's home address (number and street) <input type="checkbox"/> Same as child's address			
20. City		21. County	22. State Florida
23. ZIP+4 Code			
24. Relationship to child	25. Daytime telephone	26. Home telephone	27. Email (optional)
Other parent / guardian (if applicable)			
First name	Middle name	Last name	29. Relationship to child
			30. Home address of other <input type="checkbox"/> Same as child's address <input type="checkbox"/> Different from child's
Family Composition			
Parent Involvement <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None			
Has there been a guardianship change?			

III. Does the child have after school care?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IV. Does the child receive Head Start services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
V. Does the child receive ESE services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VI. Which services has this child received?	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision <input type="checkbox"/> Speech
VII. Which services are to continue?	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision <input type="checkbox"/> Speech
VI. Areas of concern:		
Physical Abilities	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision <input type="checkbox"/> Speech
Academic	<input type="checkbox"/> Learning Issues	
Behavior	<input type="checkbox"/> Concerns	<input type="checkbox"/> No Concerns
Personality	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Bossy <input type="checkbox"/> Shy to strangers
	<input type="checkbox"/> Always Timid	<input type="checkbox"/> Content
VII. Developmental Screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No Date: _____
Developmental Screening Tool Used		
VIII. Self Help Skills	Bathroom _____	Dressing _____ Eating _____
Concerns	Mobility _____	Blowing nose _____
IX. Legal issues school needs to know? <input type="checkbox"/> Yes, see Principal <input type="checkbox"/> No		

OFFICIAL USE ONLY	VPK Teacher	Date	Process manager	Date
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# Parent Consent Form VPK Transition to Kindergarten

PARENT OR GUARDIAN \_\_\_\_\_

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

I give consent for a developmental screening to be completed by my child's VPK Provider or person designated by the Early Learning Coalition. The results of this screening will be shared with the parent. I am aware that I may withdraw this consent in writing at any time.

Please check one:

I authorize consent.

I decline consent.

I give consent to Coalition, VPK, or contracted staff to engage in verbal, written, or electronic communication about the health, educational, and/or behavioral status of my child or me with the following service providers/community programs. Consent may not be denied for review of information related to federal or state funding payments.

Children's Medical Services  
Department of Children & Families  
Early Steps (formerly DEI)  
Escambia County Health Department  
Escambia County School District  
Early Learning Coalition of Escambia County  
PJC/School Readiness Services

Families First Network  
Florida Diagnostic & Learning Resources System  
AWI/ Office of Early Learning  
Head Start  
VPK Program Provider  
Other: \_\_\_\_\_

Please check one:

I authorize consent.

I decline consent.

I am aware that I may withdraw this consent in writing at any time.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Authorization is valid for 12 months from the date of parental signature.

A PHOTOSTAT OF THIS SIGNED CONSENT FORM SHALL BE AS VALID AS THE ORIGINAL.

