



www.elcpolk.org

VPK Parent Consent Form

I _____ understand that I have the right to attend any Early Learning Coalition(ELC) of Polk County enrollment event for the 2011 - 2012 VPK program. I also understand that I have the right to choose any provider that has been approved by the ELC of Polk County to provide VPK services.

By way of this consent I authorize _____ to collect my 2011 - 2012 VPK application, along with my proof of residency and my child's proof of age to present to the ELC of Polk County for review and approval.

I also give consent for _____ to collect my issued 2011 - 2012 VPK certificate and deliver it to me.

Name: _____

Address: _____

Telephone: _____



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