

Date:

Coalition:

Name of person completing form:

Name of person certifying attendance (if different):

Name of bulk attendance data file:

Attendance month:

Attendance year:

Total records count on bulk attendance data file:

Provider ID(s) included in this bulk attendance data file:

By signing this form I certify that:

- I have examined this VPK monthly attendance for payment reimbursement and, to the best of my knowledge and belief, the information provided is true and correct.
- I understand the requirements of the VPK Provider Contract (Form OEL-VPK 20) and Rule 6M-8.305, F.A.C. regarding records retention, parent attendance certification and attendance documentation for the VPK program.

Signature of person certifying attendance: \_\_\_\_\_

Date of signature: \_\_\_\_\_

**RODNEY J. MACKINNON**

EXECUTIVE DIRECTOR, OFFICE OF EARLY LEARNING