Authorization Agreement for Voluntary Prekindergarten Program Payments

School Year ________

I hereby authorize the Early Learning Coalition of Indian River, Martin & Okeechobee Counties Inc. (Hereinafter called The Coalition) to initiate payment for Voluntary Prekindergarten services provided in the method indicated below:

Please check one:

□ Advance Payment    □ Reimbursement Payment

Childcare Provider: __________________________________________________________

County: ________________________________

Authorized By: ____________________________
(Please Print)

Signature: ________________________________

Date: ________________________________

Mission

Provide quality opportunities for social, physical, emotional, and intellectual development of children, by partnering with parents, providers, and communities.