

**Addison Northeast Supervisory Union, Addison Central School District, and
Addison Northwest School District
Publicly Funded Preschool Program Application 2017-2018**

Please Note: The Vermont House Committee on Education is currently reviewing Vermont's Universal PreK laws. Legislation is pending that may impact PreK tuition payments for the upcoming school year in unexpected ways, including possible loss of or changes to PreK tuition payments. This application is designed around current laws. If additional information is required from your family or tuition is not available for your child, the supervisory union will notify you by mail. Otherwise, your family will be notified of acceptance into the program after the legislative session. We apologize for the inconvenience.

About the Publicly Funded PreK Program:

- Your family may choose the Vermont prequalified PreK program that best meets your needs with regards to schedule, location, and family preferences. Prequalified programs have met certain criteria to demonstrate their quality, including employment of a licensed teacher, STARS rating, and high quality curricular and assessment practices.
- To be eligible, children must be age 3, 4, or 5 on or before September 1st and not be enrolled in kindergarten.
- If your child is enrolled in a public school PreK program, the school will handle your enrollment.
- If your child is enrolled in a private community PreK program, your supervisory union will pay tuition for your child for 10 hours/week for 35 weeks/year. Your PreK program will not charge your family for these hours.
- Families are responsible for child care tuition fees beyond the hours of publicly funded PreK. However, your family may qualify for assistance with paying for child care services. To learn more and for eligibility information regarding child care financial assistance (subsidy) programs, please contact Child Care Resource and Referral at (802) 388-4304.
- You are responsible for contacting your PreK program and the supervisory union if your family moves from your current home, changes PreK programs, or unenrolls in your PreK program. Your family will also be responsible for working with your PreK program to ensure your child's regular attendance.

To enroll:

Please complete the application form and proof of residency with supporting documents to enroll your child with the school system. A checklist of required paperwork is below:

- ☐ Parent Application Form
- ☐ Proof of Residency Form AND copies of supporting documents (bills, driver's license, etc.)
- ☐ Additional enrollment forms as required by your PreK program (return directly to your PreK)

We request that this application be returned to your PreK provider or mailed directly to your supervisory union.

Please return to: _____ **DUE DATE (not later than 7/1):** _____

If you live in Bridport, Cornwall, Middlebury, Ripton, Salisbury, Shoreham, or Weybridge, mail to:

Addison Central SD, Attn Jill Many, 49 Charles St, Middlebury, VT 05753

If you live in Bristol, Lincoln, Monkton, New Haven, or Starksboro, mail to:

Addison Northeast SU, Attn Valli Audy, 72 Munsill Ave, Bristol, VT 05443

If you live in Addison, Ferrisburgh, Pantton, Waltham, or Vergennes, mail to:

Addison Northwest SD, Attn Linda Douville, 11 Main St, Suite B100, Vergennes, VT 05491

If you have questions about publicly funded PreK, please contact Meg Baker, Addison County Universal PreK Coordinator at mbaker@anesu.org or (703) 258-2899.

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Student Information			
Child's Full Legal Name			
Last:	First:	Middle Name:	
Nickname:	Date of Birth:	Grade level: PreK Age: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:			
City:	State:	Zip Code:	
Physical Address (if different from mailing address):			<input type="checkbox"/> Same as above
City:	State:	Zip Code:	
Town your child physically lives in (please circle one): <div style="text-align: center; margin-top: 5px;"> Bridport, Cornwall, Middlebury, Ripton, Salisbury, Shoreham, Weybridge Bristol, Lincoln, Monkton, New Haven, Starksboro Addison, Ferrisburgh, Panton, Waltham, Vergennes </div>			
Family Information			
Parent/Guardian Name 1:		Relationship to Child:	
Address 1:			
City:	State:	Zip Code:	
Telephone: (home)	(work)	(cell)	
Email:		Employer:	
Parent/Guardian Name 2:		Relationship to Child:	
Address 2:			
City:	State:	Zip Code:	
Telephone: (home)	(work)	(cell)	
Email:		Employer:	
Siblings (full names, gender, and dates of birth):			
Child lives with: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Parents <input type="checkbox"/> Other: _____			

If parents are divorced, who has legal custody?:	Date of divorce decree:	
Additional Student Information		
Child's Race/Ethnicity (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other (please specify): _____		
Is your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's First Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____	Languages other than English spoken in the home:	
My child has been assessed by a licensed professional (pediatrician, psychologist, Speech and Language Pathologist, Occupational Therapist, etc.) and the results indicate that my child has a: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Developmental delay <input type="checkbox"/> Other disability: _____ </div> <div> <input type="checkbox"/> Speech delay or concern <input type="checkbox"/> Not applicable </div> </div>		
Does your child have an Instructional Plan (e.g. IFSP, IEP, 504, EST) for special needs, including speech: <input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No Please list Case Manager's Name:		
This child is: <input type="checkbox"/> In DCF Custody (foster child) <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway		
Please check any services your child or family is already receiving: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Special Education Services: _____ <input type="checkbox"/> Child Care Financial Assistance (subsidy) <input type="checkbox"/> Counseling Service of Addison County (CSAC) <input type="checkbox"/> Head Start <input type="checkbox"/> Vermont Adult Learning (VAL) <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Children's Integrated Services (CIS) </div> <div style="width: 50%;"> <input type="checkbox"/> Addison County Parent Child Center (PCC) <input type="checkbox"/> Department of Children and Families (DCF) <input type="checkbox"/> WIC <input type="checkbox"/> Dr. Dynasaur/Medicaid <input type="checkbox"/> Reach Up (Case #: _____) <input type="checkbox"/> 3 Squares VT (Case #: _____) <input type="checkbox"/> Other: </div> </div>		
Preschool (PreK) Program Information		
Name/Address of Last School Attended (if applicable):		
Is your child enrolled in PreK for Fall 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment start date: <input type="checkbox"/> 8/30/2017 <input type="checkbox"/> Other: _____	
Name of PreK Program:		
Address of PreK Program:		
City:	State:	Zip Code:
Program Contact Name:	Program Phone Number:	
I give permission for ACSD, ANESU, or ANWSD to communicate with my PreK provider about my child for the purposes of providing PreK and facilitating kindergarten transitions (including obtaining child records such as enrollment, attendance, services eligibility, and assessment or child progress results). <div style="display: flex; justify-content: space-between;"> Parent/Guardian Signature Date </div>		

Please return forms to: _____ **DUE DATE:** _____

PreK Proof of Residence

I affirm that my child is eligible to attend school / receive public tuition funds in the below District/SU, because we, his/her parent(s) or guardian(s), reside in the **TOWN OF (circle one town)**:

Addison Central SD: Bridport, Cornwall, Middlebury, Ripton, Salisbury, Shoreham, Weybridge

Addison Northeast SU: Bristol, Lincoln, Monkton, New Haven, Starksboro

Addison Northwest SD: Addison, Ferrisburgh, Panton, Waltham, Vergennes

Because we (**CHECK one**):

- ☐ Have purchased a home in the above town
- ☐ Have leased or rented a home in the above town
- ☐ Are living with a resident from the above town

As proof of this residence, I have presented and **ATTACHED A COPY of ONE** of the following documents showing our names and the physical address of the residence:

- ☐ Home Purchase Agreement or Warranty Deed*
- ☐ Tax or mortgage bill for the property*
- ☐ Current lease Agreement or notarized statement from landlord*
- ☐ Voter Registration (copy of receipt or Town Clerk's confirmation)*
- ☐ Notarized letter from the resident of the school district with whom I am residing accompanied by proof of their residency*
- ☐ Transitional Housing voucher*
- ☐ Letter from DCF showing that child is in state custody and the child's residence is in: _____ (town name)*

Or TWO of the following items which show your name and the physical address of the residence:

- ☐ Utility bill (landline phone, cable, electricity, heating fuel, trash, etc.): can use two different types of utility bills which show the physical address of the residence*
- ☐ Other documents which show the names and physical address of the residence, including:
 - ☐ Valid Vermont Driver's License*
 - ☐ Valid homeowner's or renter's insurance policy*
 - ☐ Valid Public Aid card*
 - ☐ Valid auto insurance card*
 - ☐ Bank statement for last or current month*
 - ☐ Pre-printed pay stub with employer and employee name and address)*

*Please black out or otherwise remove any information you choose to have remain private. Items presented for proof of residence must show the resident's name and the 911 **physical** address of the residence. Physical address may be different than mailing address.

Please note that **credit card bills and other mail cannot be accepted as proof of residency**. If your family is currently struggling with housing issues and cannot provide the above documentation, please contact Meg Baker at (703) 258-2899 for additional information.

My signature below indicates that if, after further investigation, any of the above information is fraudulent, the student may be may be unenrolled from publicly funded PreK. Further, I understand that I may be invoiced for tuition at the current daily rate from the first day of attendance through the last day of attendance and I agree to pay such invoice. Finally, I understand that I may be subject to criminal prosecution under 13 V.S.A. 3016, False Claim, if I have knowingly answered any of the above questions falsely. Residency appeals are included in 16 V.S.A. 1075(b). If I move residences, I will immediately notify my PreK provider and the schools.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____