

What Should Champlain Valley School District (CVSD) Families Know About Universal/Publicly Funded Prekindergarten (PreK)?

- Publicly funded prekindergarten is defined as 10 hours per week, 35 weeks per year (“school year”).
- PreK enrollment is a family choice– and is not mandatory!
- Children must be at least 3 years old by September 1, 2021.
- According to the VT Agency of Education, children who are 3, 4 and 5 years old and not enrolled in kindergarten are eligible to receive publicly funded PreK at this time.
- Publicly funded PreK services can be in schools **and** qualified community-based programs (homes and centers). This link will bring you to a searchable data base of qualified prekindergarten providers in VT.
<https://education.vermont.gov/documents/2020-2021-public-and-private-prekindergarten-providers-list-and-prequalification-status>
- The state tuition rate paid to community-based private PreK providers on behalf of children attending PreK during the 2021-22 school year is \$3,536.
- If want your child to attend a program offered in a CVSD school by the school district, contact your local school directly for information about the lottery.
- If your child is going to attend a qualified PreK program in the community, you will have to enroll both with the community PreK program/provider and with your school district (CVSD), this ensures that tuition funding for your child is sent to the program. In many cases the community-based program/provider can assist you in enrolling in publicly funded PreK with CVSD.
- CVSD will provide you with an email confirmation when we have all the required paperwork and documentation needed to confirm your child’s prekindergarten funding. The CVSD PreK enrollment contact is wclark@cvsdvt.org.
- **Plan ahead!** Many community and school based programs begin PreK enrollment in winter/early spring. Contact your school and community programs to find out about enrollment opportunities and enrollment dates.

If you have general questions about publicly funded PreK contact Shelley Henson, CVSD Early Education Director at shenson@cvsdvt.org, 985-1936.

VT Pre-qualified Programs for Universal Prekindergarten (PreK) Funding

Below is a **partial** list of programs currently approved by the VT Agency of Education for publicly funded PreK: ***Please note you may search a data base with all of the pre-qualified prekindergarten programs by using the link below.***

<https://education.vermont.gov/documents/2020-2021-public-and-private-prekindergarten-providers-list-and-prequalification-status>

- ❖ Adventures in Early Learning - Shelburne, 985-9025
- ❖ Annette's Preschool – Hinesburg, 482-2525
- ❖ Ascension Childcare, Inc. – Shelburne, 658-0212
- ❖ Bellwether – Williston, 863-4839
- ❖ Burlington Children's Space – Burlington, 658-1500
- ❖ Champlain Islands Parent Child Center – South Hero, 372-4704
- ❖ Charlotte Children's Center – Charlotte, 425-3328
- ❖ Children Unlimited - Williston, 878-5899
- ❖ Children's Preschool & Enrichment Center – Essex Jct., 878-1060
- ❖ The Children's School – So. Burlington, 862-2772
- ❖ Davis Studio Preschool - So Burlington 425-2700
- ❖ Donna Leicht (Donna's Labor of Love) – Burlington, 660-9621
- ❖ Early Learning Center - Colchester – 654-2650
- ❖ EJ's Kids Klub – Williston, 860-1151
- ❖ EJRP Preschool – Essex Jct., 878-1375
- ❖ Green Mountain Montessori School – Essex Jct., 879-9114
- ❖ Heartworks - Burlington, Shelburne, Williston, 985-2153
- ❖ Hinesburg Nursery School – Hinesburg, 482-3827
- ❖ Registered Home-based Early Ed.: (Elsa Bosma, Heather Friedrichson, Sheila Quenneville, April Ploof, Colleen Christman
- ❖ Kids & Fitness - S. Burlington, 658-0080 - Williston, 864-5351 – Essex, 879-7734
- ❖ Kid Logic Learning – So. Burlington, 660-3600
- ❖ Kinderstart – Williston, 876-7056
- ❖ Lake Champlain Waldorf School - Shelburne, 985-2834
- ❖ Little One's University – Essex Jct., 872-7444
- ❖ Nadeau's Playschool – Williston, 658-9800
- ❖ Next Generation Child Care – Williston, 662-4698
- ❖ Pine Forest Children's Center – Burlington, 651-9455
- ❖ Robin's Nest Children's Center – Burlington, 864-8191
- ❖ Saxon Hill Preschool – Jericho, 899-3832
- ❖ The Schoolhouse - S. Burlington, 658-4164
- ❖ Shelburne Nursery School – Shelburne, 985-3993
- ❖ STEAMworks – Essex Jct., 985-2153
- ❖ Stepping Stones - Burlington, 860-1915
- ❖ Stonewood School North – Shelburne, 985-8118
- ❖ Terri's Morning Garden – Shelburne, 343-0471
- ❖ Trinity Children's Center – Burlington, 656-5010
- ❖ UVM Children's Center – Burlington, 656-4050
- ❖ Williston Enrichment Center - Williston, 846-9402
- ❖ YMCA – Greater Burlington - Burlington, 862-9622
- ❖ YMCA – UVMCC – Winooski, 338-9208
- ❖ **CVSD School District Programs- Williston, Shelburne, Hinesburg/Charlotte (contact your local elementary school directly for information about school-based pre-kindergarten enrollment through a lottery)**

**2021-2022 Champlain Valley School District (CVSD)
Publicly Funded Prekindergarten (PreK) Program Application**

*Public education funding is to support 10 hours of PreK per week (35 weeks beginning approximately 9/6/21). Your child must enroll in a program for a minimum of 10 hours a week to receive funds. *Age-eligible children may enroll during the school year, however, tuition will be prorated. The PreK program your child attends may not charge you for the 10 hours per week of PreK paid for by your school district. Please contact the PreK program for more information about their fees for any additional time your child attends the program.*

For enrollment in your local school-based prekindergarten program please contact your local elementary school directly for information about PreK enrollment.

Child's Name: _____

Date of Birth: _____ (*child must be 3, 4 or 5 years old and not attending Kindergarten on or before of September 1, 2021 to qualify for funding)

Parent/Guardian's Name(s): _____

Child's Address: _____

Telephone: Parent/Guardian 1 _____ Parent/Guardian 2 _____

Email 1: _____ Email : _____

Did this child receive publicly funded PreK from CVSD during the 2020-21 school year? **Yes** **No**

Town your child resides in (circle one): Charlotte Hinesburg Shelburne St. George Williston

Is your child enrolled in PreK for fall 2021? **Yes** **Not yet**

Name of PreK Program Your Child Will Attend (2021-22 school year) _____

Program Location (Town/City) _____

Enrollment Start Date: 9/6/21 or Other (specify) _____

Program Contact Name: _____ Email or Phone number _____

Please return this application and the required school district registration documents to: Wendy Clark, Champlain Valley School District, 5420 Shelburne Road, Suite 300, Shelburne, VT 05482.

For questions about PreK registration contact Wendy Clark at wclark@cvsdvt.org

For general questions about universal PreK (Act 166) contact Shelley Henson at shenson@cvsdvt.org

(Parent Signature) _____ (Date) _____

****By signing this document I give consent for CVSD to communicate with my child's PreK provider about my child for the purposes of providing publicly funded PreK/facilitating kindergarten transitions (including obtaining child records such as attendance and child assessment reports).***

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5420 Shelburne Road, Suite 300, Shelburne, VT 05482
Telephone 802-383-1234 Fax 802-383-1242

Student Registration Form

STUDENT INFORMATION			
FULL NAME			
Last:		First:	Middle:
Gender: _____	Date of Birth:	Grade Level:	Last Grade Level Completed:
Instructional Plan (e.g. IEP, 504, EST)?			
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) _____ <input type="checkbox"/> Hispanic/Latino			
Languages other than English spoken in the home:			
Place of Birth			
City / State:			
Name of Last School Attended:			
Address of Last School Attended:			
City:		State:	ZIP Code:

THIS AREA FOR OFFICE USE ONLY

Date Completed:

Start Date:

PK Start Date:

ID#:

Teacher:

House/Team:

PK Org ID:

Notes:

STUDENT LIVES WITH: ☐ PARENT 1 (SPECIFY BELOW) ☐ PARENT 2 (SPECIFY BELOW)
☐ BOTH PARENT 1 AND PARENT 2 (SPECIFY BELOW) ☐ OTHER (PLEASE SPECIFY)

PARENT INFORMATION

Parent 1 Name:

Mailing address:

City:

State:

Zip Code:

Home phone:

Work phone:

Cell phone:

Email address:

Parent 1 has legal custody: ☐ Yes ☐ No* ***If No, court order must be submitted to school**

Parent 2 Name

Mailing Address (if different from student):

City:

State

Zip Code:

Home phone:

Work phone:

Cell phone:

Email address:

Parent 2 has legal custody: ☐ Yes ☐ No* ***If No, court order must be submitted to school**

Other Guardian Name:

Physical address (if different from student)

City:

State:

Zip Code:

Home phone:

Work phone:

Cell phone:

Email address:

Other Guardian has legal custody: ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

Name:

Relationship to student:

Physical address:

City:

State:

ZIP Code:

Home phone:

Work phone:

Cell phone:

SIBLING INFORMATION

Sibling 1 Name:

Date of Birth:

Sibling 2 Name:

Date of Birth:

Parent Signature:

Date:



5420 Shelburne Road, Suite 300, Shelburne, VT 05482
Telephone 802-383-1234 Fax 802-383-1242

Proof of Residence

I affirm that _____ is eligible to attend school in:

_____ student name _____
_____ Charlotte _____ Hinesburg _____ Shelburne _____ Williston _____ CVU

because his/her parent(s) or guardian(s) _____

_____ Parent or guardian name(s) _____, which is
_____ Have purchased a home within the town of _____, which is
_____ Name of CVSD town
occupied as their legal residence;

_____ Have leased a home within the town of _____, which is
_____ Name of CVSD town
occupied as their legal residence;

_____ Are living with a resident from _____, which is
_____ Name of CVSD town
occupied as their legal residence.

As proof of this residence, I have presented one of the following showing the physical address:

- _____ Purchase Agreement*
- _____ Warranty Deed*
- _____ Lease Agreement*
- _____ Voter Registration (copy of receipt or Town Clerk's confirmation)*
- _____ Notarized letter from the school district resident with whom I am residing accompanied by proof of their residency*

OR, **TWO** of the following:

- _____ Utility bill which shows the physical address of the residence*
- _____ Other (example: valid Vermont Driver's License which shows the physical address of the residence*)

*Please black out or otherwise remove any information you choose to have remain private.
Item(s) presented for proof of residency must show the resident's name and the 911 physical address of the residence.

Signature: _____ Date: _____
Print Name: _____ Date: _____

I acknowledge that the above information has been presented showing a residence in

_____ Name of CVSD town

Signature of School Official: _____ Date: _____