

**Addison Central School District, Addison Northwest School District,  
and Mount Abraham Unified School District  
Publicly Funded Preschool Program Application 2019-2020**

**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. If your prequalified PreK program does not currently have a partnership with your school district, you may ask that they enter into a partnership for the purposes of receiving the publicly funded tuition.
- To be eligible, children must be aged 3 or 4 on or before September 1<sup>st</sup> and not be eligible for 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 school district will pay tuition for your child for 10 hours/week for 35 weeks/year based on a school year calendar. Your PreK program will not charge your family for these hours.
- If the schools receive your application after the school year has started, the tuition amount will be prorated from the date your application is received and based on a school year calendar. If you have questions regarding your billing statements, please contact your PreK provider directly.
- Families are responsible for child care tuition fees beyond the hours of publicly funded PreK including any school vacation weeks. 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.

**To Enroll in Publicly Funded PreK:**

First, enroll your child in a prequalified PreK program. Next, please complete the application form and proof of residency with supporting documents to enroll your child with the school system. A checklist of 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 school district.

**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 Laberge, 49 Charles St, Middlebury, VT 05753

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

Mount Abraham Unified SD, Attn Valli Audy, 72 Munsill Ave, Suite 602, Bristol, VT 05443

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

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

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<b>Student Information</b>			
Child's Full <u>Legal</u> Name Last:		First: Middle Name:	
Nickname:	Date of Birth:	Grade level: PreK Age: <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:			
City:	State:	Zip Code:	
Physical Address (if different from mailing address): <div style="text-align: right;"><input type="checkbox"/> Same as above</div>			
City:	State:	Zip Code:	
Town your child physically <b>lives</b> in (please circle one): Bridport, Cornwall, Middlebury, Ripton, Salisbury, Shoreham, Weybridge Bristol, Lincoln, Monkton, New Haven, Starksboro Addison, Ferrisburgh, Panton, Waltham, Vergennes			
<b>Family Information</b>			
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):   			
<b>Child lives with:</b> <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Parents <input type="checkbox"/> Other: _____ <input type="checkbox"/> DCF Custody			
If parents are divorced, who has legal custody?:		Date of divorce decree:	

<b>Additional Student Information</b>	
Child's Race/Ethnicity (check all that apply): <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> White</span> <span><input type="checkbox"/> Asian</span> <span><input type="checkbox"/> Black/African American</span> <span><input type="checkbox"/> American Indian or Alaskan</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Native Hawaiian/Pacific Islander</span> <span><input type="checkbox"/> Other (please specify): _____</span> </div> 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;"> <span><input type="checkbox"/> Developmental delay</span> <span><input type="checkbox"/> Speech delay or concern</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Other disability: _____</span> <span><input type="checkbox"/> Not applicable</span> </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:	
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/EEE: _____  <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  <input type="checkbox"/> 3 Squares VT  <input type="checkbox"/> Other:             </div> </div>	
<b>Preschool (PreK) Program Information</b>	
Is your child enrolled in PreK for Fall 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment start date: <input type="checkbox"/> 8/28/2019 <input type="checkbox"/> Other:
Name of PreK Program: _____ <input type="checkbox"/> Public school-based	
Address of PreK Program:	
Previous PreK Program Name & Address (if applicable): _____ <input type="checkbox"/> NA	
I give permission for ACSD, ANWSD, or MAUSD 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).	
<b>Parent/Guardian Signature</b>	<b>Date</b>
I understand that I am responsible for contacting my PreK program and the school district if my family moves from my current home, changes PreK programs, or unenrolls in my PreK program and that changes may impact the amount of my tuition funding. I will work with my PreK program to ensure my child's regular attendance for 10 hours/week, 35 weeks/year.	
<b>Parent/Guardian Signature</b>	<b>Date</b>

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, because we, his/her parent(s) or guardian(s), reside in the **TOWN OF (check one town):**

- |                                     |                                      |                                     |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bridport   | <input type="checkbox"/> Addison     | <input type="checkbox"/> Bristol    |
| <input type="checkbox"/> Cornwall   | <input type="checkbox"/> Ferrisburgh | <input type="checkbox"/> Lincoln    |
| <input type="checkbox"/> Middlebury | <input type="checkbox"/> Panton      | <input type="checkbox"/> Monkton    |
| <input type="checkbox"/> Ripton     | <input type="checkbox"/> Waltham     | <input type="checkbox"/> New Haven  |
| <input type="checkbox"/> Salisbury  | <input type="checkbox"/> Vergennes   | <input type="checkbox"/> Starksboro |
| <input type="checkbox"/> Shoreham   |                                      |                                     |
| <input type="checkbox"/> Weybridge  |                                      |                                     |

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)\*, which is the residence of the child's: *parent(s) / foster parents / other:* \_\_\_\_\_ (circle one)

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

- ☐ Recent utility bill (landline phone, cable, electricity, heating fuel, trash, etc.): 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 or statement with physical address\*
  - ☐ Valid auto insurance card with physical address\*
  - ☐ 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 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:** \_\_\_\_\_