

**Addison Central School District, Addison Northwest School District,
and Mount Abraham Unified School District
Publicly Funded Preschool Program Application 2023-2024**

This application form enrolls your child so that your school district will pay for your child to attend a publicly-funded preschool program for 10 hours/week for 35 weeks/year.

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, 4, or 5 on or before September 1st and not be enrolled in kindergarten. Payments for preschool will not be made after a child's 6th birthday.
- 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 directly to the program 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 approved 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 this application form and proof of residency with supporting documents to enroll your child with the school system. A checklist of paperwork is below:

- Family Application Form
- Proof of Residency Form AND copies of supporting documents with physical address (utility 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 Owen Prescott, 49 Charles St, Middlebury, VT 05753

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

Mount Abraham Unified SD, Attn Alison Boise, 72 Munsill Ave, Suite 602, Bristol, VT 05443

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

Addison Northwest SD, Attn Rachel Cornellier, 11 Main St, Suite B100, Vergennes, VT 05491

Your preschool provider can answer most questions about this program. For additional questions, check the Addison County UPreK website at <https://mbaker61.wixsite.com/uprek> or contact Meg Baker, Universal PreK Coordinator at mbaker@acsdvvt.org or 382-0045. Please note that she works limited hours over the summer.

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Student Information			
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 <input type="checkbox"/> 5	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
			Preferred Pronouns:
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): Bridport, Cornwall, Middlebury, Ripton, Salisbury, Shoreham, Weybridge Bristol, Monkton, New Haven, Starksboro Addison, Ferrisburgh, Panton, Waltham, Vergennes			
Family Information (add additional sheets as needed)			
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:		
Child lives with: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Parents <input type="checkbox"/> Other: _____ <input type="checkbox"/> DCF Custody			
Siblings' First & Last Names	Gender	Date of Birth	School (if applicable)

Additional Student Information	
If parents are divorced, who has legal custody?:	Date of divorce decree:
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: <input type="checkbox"/> Developmental delay <input type="checkbox"/> Speech delay or concern <input type="checkbox"/> Other disability: _____ <input type="checkbox"/> Not applicable	
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: <input type="checkbox"/> Special Education/EEE: _____ <input type="checkbox"/> Addison County Parent Child Center (PCC) <input type="checkbox"/> Child Care Financial Assistance (subsidy) <input type="checkbox"/> Department of Children and Families (DCF) <input type="checkbox"/> Counseling Service of Addison County (CSAC) <input type="checkbox"/> WIC <input type="checkbox"/> Head Start <input type="checkbox"/> Dr. Dynasaur/Medicaid <input type="checkbox"/> Vermont Adult Learning (VAL) <input type="checkbox"/> Reach Up <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> 3 Squares VT <input type="checkbox"/> Children's Integrated Services (CIS) <input type="checkbox"/> Other:	
Preschool (PreK) Program Information	
Is your child enrolled in the PreK named below for Fall 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment start date: <input type="checkbox"/> 8/30/2023 <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 exchange information 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).	
***Parent/Guardian Signature	Date
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.	
***Parent/Guardian Signature	Date

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"/> Monkton |
| <input type="checkbox"/> Middlebury | <input type="checkbox"/> Panton | <input type="checkbox"/> New Haven |
| <input type="checkbox"/> Ripton | <input type="checkbox"/> Waltham | <input type="checkbox"/> Starksboro |
| <input type="checkbox"/> Salisbury | <input type="checkbox"/> Vergennes | |
| <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
- (**PLEASE CHECK IF NEEDED**) My family has unstable housing and does not have proof of residency (e.g. homeless; live in temporary housing due to loss of housing or economic hardship including motel, car or campsite; doubled up with friends/family; living in a shelter or transitional housing; or otherwise falls under the McKinney-Vento Act). Submit this form without proof and our district will contact you to help enroll your child.

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 (notaries are available at many town clerk offices, UPS stores, and banks)*
- Transitional Housing voucher*
- Placement 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: **credit card bills and other mail cannot be accepted as proof of residency.**

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** _____

