

## 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, 2022.
- 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 list of prekindergarten providers in VT and prequalification status:  
[https://education.vermont.gov/sites/aoe/files/documents/edu-2022-2023-public-and-private-prekindergarten-providers-list-and-prequalification-status\\_0.pdf](https://education.vermont.gov/sites/aoe/files/documents/edu-2022-2023-public-and-private-prekindergarten-providers-list-and-prequalification-status_0.pdf)
- The state tuition rate paid to community-based private PreK providers on behalf of children attending PreK during the 2022-23 school year is \$3,656.
- If you 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](mailto: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](mailto: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 for prequalification status of prekindergarten programs by using the link below.* [https://education.vermont.gov/sites/aoe/files/documents/edu-2022-2023-public-and-private-prekindergarten-providers-list-and-prequalification-status\\_0.pdf](https://education.vermont.gov/sites/aoe/files/documents/edu-2022-2023-public-and-private-prekindergarten-providers-list-and-prequalification-status_0.pdf)

- ❖ Adventures in Early Learning - Shelburne, 802-985-9025
- ❖ Ascension Childcare, Inc. – Shelburne, 802-658-0212
- ❖ Bellwether – Williston, 802-863-4839
- ❖ Bristol Family Center – Bristol, 802-453-5659
- ❖ Burlington Forest Preschool – Burlington, 802-310-7028
- ❖ Charlotte Children’s Center – Charlotte, 802-425-3328
- ❖ Children Unlimited - Williston, 802-878-5899
- ❖ Davis Studio Preschool - So Burlington, 802-425-2700
- ❖ Early Years Child Development Center - Colchester – 802-879-2811
- ❖ EJ’s Kids Klub – Williston, 802-860-1151
- ❖ Essex Hollow – Essex Jct, 802-598-8544
- ❖ Evergreen Preschool – Vergennes, 802-877-6702
- ❖ First Roots-Wild Roots - 802-482-2525
- ❖ Green Mountain Montessori School – Essex Jct., 802-879-9114
- ❖ Heartworks - Shelburne, Williston, 802-985-2153
- ❖ Hinesburg Nursery School – Hinesburg, 802-482-3827
- ❖ Registered Home-based Early Ed.: (Elsa Bosma, Sheila Quenneville, April Ploof)
- ❖ Kids & Fitness - S. Burlington, 802-658-0080 — Essex, 802-879-7734
- ❖ Kid Logic Learning – So. Burlington, 802-660-3600
- ❖ Lake Champlain Waldorf School - Shelburne, 802-985-2834
- ❖ Little Tots – Richmond, 802-434-3891
- ❖ Lund Early Childhood Education Program – Burlington, 802-864-7467
- ❖ Nadeau’s Playschool —Colchester, Williston, 802-658-9800
- ❖ Next Generation Child Care – Williston, 802-662-4698
- ❖ Otter Creek Child Center – Middlebury, 802-388-9688
- ❖ Pine Forest Children’s Center – Burlington, 802-651-9455
- ❖ Poker Hill Preschool – Underhill, 802-899-3716
- ❖ Reach for the Stars – Essex, 802-871-5117
- ❖ Robin’s Nest Children’s Center – Burlington, 802-864-8191
- ❖ Saxon Hill Preschool – Jericho, 802-899-3832
- ❖ Shelburne Nursery School – Shelburne, 802-985-3993
- ❖ Steamworks – Essex Jct., 802-985-2153
- ❖ Stonewood School North – Shelburne, 802-985-8118
- ❖ The Children’s School – So. Burlington, 802-862-2772
- ❖ The Homestead – So. Burlington, 802-800-1442
- ❖ The Old School – So. Burlington, 802-489-6735
- ❖ The Schoolhouse – So. Burlington, 802-658-4164
- ❖ Trinity Children’s Center – Burlington, 802-656-5010
- ❖ Vt. Day School – Shelburne, 802-495-5150
- ❖ Williston Enrichment Center - Williston, 802-846-9402
- ❖ YMCA – Greater Burlington - Burlington, 802-862-9622
- ❖ YMCA – UVMCC – Winooski, 802-338-9208
- ❖ **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)**

**2022-2023 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 9/5/22). 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, 2022 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 2021-22 school year? Yes OR No

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

Is your child enrolled in PreK for fall 2022? **Yes Not yet**

Name of PreK Program Your Child Will Attend (2022-23 school year) \_\_\_\_\_

Program Location (Town/City) \_\_\_\_\_

Enrollment Start Date: 9/5/22 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](mailto:wclark@cvsdvt.org)

For general questions about Universal PreK (Act 166) contact Shelley Henson at [shenson@cvsdvt.org](mailto: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                                                                                                                                                                                                                                                                                                                                                            |                       |                     |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|------------------------------------|
| <b>FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                               |                       |                     |                                    |
| <b>Last:</b>                                                                                                                                                                                                                                                                                                                                                                   | <b>First:</b>         | <b>Middle:</b>      |                                    |
| <b>Gender:</b> _____                                                                                                                                                                                                                                                                                                                                                           | <b>Date of Birth:</b> | <b>Grade Level:</b> | <b>Last Grade Level Completed:</b> |
| <b>Instructional Plan</b> (e.g. IEP, 504, EST)?                                                                                                                                                                                                                                                                                                                                |                       |                     |                                    |
| <b>Race/ethnicity (check all that apply):</b> <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American<br><input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Hispanic/Latino |                       |                     |                                    |
| <b>Languages other than English spoken in the home:</b>                                                                                                                                                                                                                                                                                                                        |                       |                     |                                    |
| <b>Place of Birth</b>                                                                                                                                                                                                                                                                                                                                                          |                       |                     |                                    |
| <b>City / State:</b>                                                                                                                                                                                                                                                                                                                                                           |                       |                     |                                    |
| <b>Name of Last School Attended:</b>                                                                                                                                                                                                                                                                                                                                           |                       |                     |                                    |
| <b>Address of Last School Attended:</b>                                                                                                                                                                                                                                                                                                                                        |                       |                     |                                    |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                                   | <b>State:</b>         | <b>ZIP Code:</b>    |                                    |

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**THIS AREA FOR OFFICE USE ONLY**

Date Completed:

Teacher:

Start Date:

House/Team:

PK Start Date:

PK Org ID:

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)  
\_\_\_\_\_ 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: \_\_\_\_\_

## Home Language Survey

Dear Parent/Guardian(s):

Vermont welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset for individuals, families, and communities. We encourage families to maintain their languages while learning English. In order to ensure meaningful communication between your family and our school, please let us know if you have questions and/or would like translation/interpreting services related to this survey or other important school notices.

In order to meet challenging academic standards for all students, Federal law requires that public schools identify students who may be entitled to English language support services. Every parent/guardian of newly enrolling students in Kindergarten through grade 12 must complete the survey questions (below) at registration. An English Learner (EL) Specialist may request further information, if needed, to determine whether your student should be classified as an English Learner (EL) and is eligible to receive additional services.

Thanks very much for your time in completing this form! Please be assured that the survey information is used solely for educational purposes, to identify potential English Learners who might be eligible for English language support.

| Student Information (Parents/Guardians should complete this section.)     |                                            |                                                                                                               |                                                                  |
|---------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| First Name:                                                               | Last Name:                                 | Date of Birth<br>(Month/Day/Year)                                                                             | Gender:<br>F <input type="checkbox"/> M <input type="checkbox"/> |
| Country of Birth:                                                         | Date of Entry in U.S.<br>(Month/Day/Year): | Date student first began <b>Kindergarten (or higher grade)</b> in <b>any</b> U.S. school<br>(Month/Day/Year): |                                                                  |
| Questions for Parents/Guardians                                           |                                            | Response                                                                                                      |                                                                  |
| 1. What language(s) are spoken in your home?                              |                                            |                                                                                                               |                                                                  |
| 2. What language do you most <i>often</i> speak to your child?            |                                            |                                                                                                               |                                                                  |
| 3. What language does your child <i>currently</i> use most often at home? |                                            |                                                                                                               |                                                                  |
| 4. What is the native language of each parent/guardian?                   |                                            |                                                                                                               |                                                                  |
| 5. What language did your child first speak or understand?                |                                            |                                                                                                               |                                                                  |