



## **PUBLICALLY FUNDED PRE-K REGISTRATION FORM AND APPLICATIONS**

If you are the Parent or Guardian of a child between the ages of 3-5 years and you are a resident of Hartland, Windsor, Weathersfield, or West Windsor you may apply for public funding for your child to attend either a Pre-qualified Preschool or attend the WSESU Early Childhood Pre-K program.

\*Please note your child must be at least 3 years old on or before September 1<sup>st</sup> of that school year and all paperwork must be completed. Residency must be verified before any public funding is provided and will be pro-rated as of the date residency is verified.

### **Checklist for Parents/Guardians**

COMPLETED

1. **Pre-K Student Registration Form I**
2. **Pre-qualified Pre-K Program Application Form II** (complete if enrolling your child in a Pre-qualified Preschool Program anywhere in the state of Vermont. Public funding only covers tuition for 10 hours a week for 35 weeks)
3. **WSESU Early Childhood Program Application Form III** (complete if interested in having your child's name be entered in lottery for placement in Early Childhood Program. Must receive applications by June 1<sup>st</sup> to be place in the lottery draw for anticipated open slots)
4. **Residency Verification Forms** (if you have already completed residency verification for an older sibling, you do not need to complete. The local school district's registrar will verify)
5. **Copy of Custody Agreement** (only required for parents who are separated or divorced)

**Please return all forms to the Supervisory Union located at 105 Main St, Suite 200 Windsor or WSESU Early Childhood Program located within Windsor Elementary School**

To locate a Pre-Qualified Program visit: [Bright Futures Vermont: Pre-Qualified Pre-K Providers and/or Programs](#)

Or the website:

<https://education.vermont.gov/documents/2018-19-public-and-private-prekindergarten-providers-list-and-prequalification-status>

# WINDSOR SOUTHEAST SUPERVISORY UNION

Hartland • Weathersfield • Mount Ascutney School Districts

105 Main Street, Suite 200 • Windsor, Vermont 05089  
Phone (802) 674-2144 • Fax (802) 674-6357



## I. Pre-K STUDENT REGISTRATION FORM

Please print all information legibly with black or blue ink.

### DEMOGRAPHICS

Student's **LEGAL** Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **LEGAL** Gender: M F Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Town of Residence:  Hartland  Weathersfield  West Windsor  Windsor

\*Student resides with:  Both Parents  \*Mother  \*Father  \*Other: \_\_\_\_\_  
Relationship to student (i.e. grandparent, legal guardian, etc)

\*A copy of current legal custodial paperwork/divorce decree (stating parental custodial rights) **must** be maintained in your student's academic file if parents are divorced/separated or student is not living with either biological/legally adoptive parent.

Student Ethnicity:  American Indian or Alaska Native  Asian  Black or African American  
 Caucasian  Native Hawaiian or Other Pacific Islander

Is the Student Hispanic or Latino:  YES  NO

Student's Primary Language is:  English  Other (Please name language) \_\_\_\_\_

### FAMILY INFORMATION

1) **MOTHER/GUARDIAN:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
LAST FIRST

Address (if different from student): \_\_\_\_\_

Mother/Guardian **e.mail address:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2) **FATHER/GUARDIAN:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
LAST FIRST

Address (if different from student): \_\_\_\_\_

Father/Guardian **e.mail address:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### SIBLING INFORMATION

NAME

GRADE LEVEL

SCHOOL ATTENDING

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

MORE INFORMATION REQUIRED ON BACK → →

**MEDICAL INFORMATION**

Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Telephone: \_\_\_\_\_

**ALLERGIES** and/or other pertinent health information: \_\_\_\_\_

**EMERGENCY CONTACTS**

(other than Mother/Father/Guardian listed under FAMILY INFORMATION)

NAME	Relationship	Contact Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPECIAL PROGRAMS**

(please check ALL that apply):

- ELL (English as a Second Language)
- IEP (Individualized Education Plan)
- State Placed
- Homeless
- Migrant
- 504 Plan

**BEHAVIOR INFORMATION**

OPTIONAL - Please list any special strengths, needs, challenges, etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please sign and date below acknowledging that the above information is complete and accurate. PLEASE BE REMINDED THAT ONLY A PARENT OR LEGAL GUARDIAN IS PERMITTED TO REGISTER A STUDENT.**

PRINTED NAME OF SIGNER

SIGNATURE

DATE



## II. PUBLICALLY FUNDED PRE-K PROGRAM APPLICATION

Public funding for Pre-K is for 10 hours a week of high quality early learning for 35 weeks per year (Sept-June). In order to qualify for funding your child must attend a Pre-Qualified Program for at least 10 hours a week.

It is the parent’s responsibility to enroll their child in a Prequalified Program. The program your child attends may not charge you for the 10 hours, 35 weeks of Pre-K. To Locate a Pre-Qualified Program follow this link: [Bright Futures Vermont: Pre-Qualified Pre-K Programs](#)

Please return your application and verify your residency at the Supervisory Union at 105 Main St. Suite 200 Windsor, VT 05089

II. APPLICATION FOR PUBLICALLY FUNDED PRE-K		
Current School Year 20__ – 20__	* Child’s age as of August 31 <sup>st</sup> : _____	
Child’s Name:		DOB:
Name of Program:		
Director of Program:		
Program Phone Number:		
Program Address:		
Town	State: VT	Zip Code:

(\*Child must be at least 3 years of age by September 1<sup>st</sup> for the school year in which you are requesting public funding)

I understand that by enrolling my child to receive Public Funding for Pre-K, my child’s enrollment will be counted by the local school district in which my child resides, and my child will be considered a student of that school district.

I also understand that the Pre-K Program where my child is enrolled will release information regarding my child’s attendance and Teaching Strategies GOLD assessment information with the Windsor Southeast Supervisory Union and the Vermont Agency of Education.

The information provided is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*For Official Use Only:* **Town of Residency:** \_\_\_\_\_ Hartland \_\_\_\_\_ Weathersfield \_\_\_\_\_ West Windsor \_\_\_\_\_ Windsor

**Date Application Received:** \_\_\_/\_\_\_/\_\_\_ **Date Residency Verified:** \_\_\_/\_\_\_/\_\_\_ **Registrar Initials:** \_\_\_\_\_



**III. WSESU EARLY CHILDHOOD PROGRAM  
 LOTTERY APPLICATION FOR ANTICIPATED OPEN SLOTS**

APPLICATION FOR WSESU LOTTERY		
Current School Year 20__ – 20__	*Child's age as of August 31 <sup>st</sup> : _____	
Child's Name:	DOB:	
Parent Name:		
Parent Mailing Address:		
Town	State: VT	Zip Code:
Primary Contact Phone Number: (    )		

\* Child must be at least 3 years of age by September 1<sup>st</sup> for the school year in which you are requesting enrollment.

\*\*In order to be included in the "Lottery" draw for open slots, Residency must be verified, Student Enrollment Form must be complete and Lottery Application must be received by your local school district no later than June 1<sup>st</sup> of the current school year.

I understand that by applying to the WSESU Early Childhood Program, if my child is offered a slot, my child's enrollment will be counted by the local school district in which my child resides, and my child will be considered a student of that school district.

I also understand that the WSESU Early Childhood Program is required to submit attendance and Teaching Strategies GOLD assessment information with the Vermont Agency of Education.

The information provided is accurate and true to the best of my knowledge.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**Please return your application and verify your residency at the Supervisory Union at 105 Main St. Suite 200 Windsor, VT 05089**

*For Official Use Only:* **Town of Residency:** \_\_\_\_\_ Hartland \_\_\_\_\_ Weathersfield \_\_\_\_\_ West Windsor \_\_\_\_\_ Windsor

**Date Application Received:** \_\_/\_\_/\_\_ **Date Residency Verified:** \_\_/\_\_/\_\_ **Registrar Initials:** \_\_\_\_\_