

**Addison Central School District, Addison Northwest School District,
and Mount Abraham Unified School District
Publicly Funded Preschool Program Application 2024-2025**

This application form enrolls your child so that your school district will pay for your child to attend a prequalified preschool program for 10 hours/week for 35 weeks/year. Keep this page for your records.

About the Publicly Funded PreK Program:

- Your family may choose the Vermont prequalified PreK program that meets your family needs including schedule, location, and family preferences.
- Prequalified programs must demonstrate quality, including employment of a licensed teacher, high STARS rating, and quality teaching practices. If your prequalified PreK program does not have a partnership with your school district, you may ask that they enter into a partnership to receive 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 help to pay for child care. 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. Families who are re-enrolling their child for a second year of PreK and who have not moved do not need to send in proof of residency. A checklist of paperwork is below:

- All children: Family Application Form
- All new PreK children: Family Application Form including Proof of Residency page AND copies of supporting documents with physical address (utility bills, driver's license, etc.)
- All families who have moved in the last year: Family Application Form including Proof of Residency page 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.

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@acsdvt.org or 382-0045. Please note that she works limited hours over the summer.

Please return application 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 Darcie Arensmeyer, 49 Charles St, Middlebury, VT 05753

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

Mount Abraham Unified SD, Attn Nicole Heffernan, 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

Developmental Screening Invitation
KEEP THIS PAGE FOR YOUR RECORDS

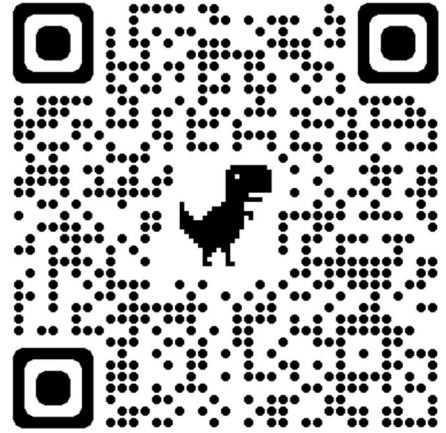
Your family is invited to complete a developmental screening of your child.

A developmental screener looks at child growth and learning in areas such as communication, gross and fine motor (how your child moves big and small muscles), problem-solving, and personal-social skills.

Our districts use these online developmental screening tools:

- *Ages and Stages Questionnaires: Third Edition (ASQ-3)* or
- *Ages and Stages Questionnaire: Social Emotional Second Edition (ASQ:SE-2)*.

The ASQ-3 looks at all developmental areas and is highly recommended. The ASQ-SE looks at social-emotional development and is a good addition to a complete developmental screening. Paper copies are available upon request.



To complete the screening, scan the QR code on the right or go to <https://mbaker61.wixsite.com/uprek/developmental-screening>. This will link to the pages for your district of residence.

It will take you about 15 minutes to complete the questions. Some questions will ask children to answer a question or participate in an activity. The survey should be fun for your child, but it is normal to find skills your child can not yet do.

By completing the screener, you agree that **results may be shared by the school district with your child's preschool**. This information will help the preschool design learning activities to best support your child.

If your child's development is on track, there will be no additional follow-up, but you may return at any time to complete another screener. If your child is having trouble with some skills, the school district early education team will be in touch with your family and your child's preschool. They can give your family and the preschool activities that will help your child practice skills or they may recommend further evaluation.

The information from this survey may be stored in the Vermont Department of Health's Universal Developmental Screening Registry. The registry is a confidential database that allows health care providers and educators to communicate about developmental progress so that children and families can get needed supports.

Participation in developmental screening is optional and **you will sign a digital release** before your results are finalized. Contact Meg Baker, Universal PreK Coordinator, at mbaker@acsdvt.org with any questions.

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Student Information			
Child's Full <u>Legal</u> Name Last:		First:	Middle:
Date of Birth:		Preferred Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Grade level: PreK Age on September 1 st : <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			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):
 White Asian Black/African American American Indian or Alaskan
 Native Hawaiian/Pacific Islander Other (please specify): _____

Is your child Hispanic or Latino? Yes No

Child's First Language: _____ Languages other than English spoken in the home:
 English Other: _____

First Language: Was your child born in Puerto Rico or a country other than the United States?
 Yes (please specify): _____ No

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:
 Developmental delay Speech delay or concern
 Other disability: _____ Not applicable

Does your child have an Instructional Plan (e.g. IFSP, IEP, 504, EST) for special needs, including speech:
 Yes (please specify): _____ No
Please list Case Manager's Name: _____

Please check any services your child or family is already receiving:
 Special Education/EEE: _____ Addison County Parent Child Center (PCC)
 Child Care Financial Assistance (subsidy) Department of Children and Families (DCF)
 Counseling Service of Addison County (CSAC) WIC
 Head Start/Early Head Start Dr. Dynasaur/Medicaid
 Vermont Adult Learning (VAL) Reach Up
 Free/Reduced Lunch 3 Squares VT
 Children's Integrated Services (CIS) Other: _____

Preschool (PreK) Program Information

Is your child enrolled in the PreK named below for _____ Enrollment start date:
Fall 2024? Yes No 8/30/2024 Other: _____

Name of PreK Program: _____ Public school-based

Previous PreK Program Name & Address (if applicable): _____ NA

Releases and Agreements

____ (initials) 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 exchanging records such as enrollment, attendance, other services, and assessment, screening, and/or child progress results).

____ (initials) I affirm that I live the town of _____ and my child is eligible for public tuition funds there. If my residency is questioned by the district, I will provide additional information. If after further investigation, any of the above information is fraudulent, the student may be unenrolled from publicly funded PreK and I may be invoiced for PreK tuition at the current daily rate from the first day of attendance through the last day of attendance. I agree to pay such invoice. Fraudulent claims are punishable under 13 V.S.A. 3016, False Claims by imprisonment up to five years, fines up to \$10,000 or both.

____ (initials) 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 _____

*** Printed Name: _____

PreK Proof of Residence Documentation

Documentation Required for Newly Enrolling Preschoolers and Families who Have Moved in the Last Year

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

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.

Please return this page AND the documentation above with your PreK application.

Please return application to: _____ DUE DATE (not later than 7/1): _____