

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– voluntary. Not mandatory!
- Children must be at least 3 years old by the date established by the school for kindergarten entry to qualify for PreK funding (in CVSD districts this means 3 on or before Sept. 1).
- According to the VT Agency of Education, children who are age eligible CVSD kindergarten (5 years old on or before 9/1/2018) may not receive publicly funded PreK.
- Publicly-funded PreK services can be in schools **and** qualified community-based programs (homes and centers). This link will bring you to a searchable data base of qualified pre-k providers in VT (scroll to “list of prequalified providers”).
<http://education.vermont.gov/student-support/early-education/prekindergarten>
- The state tuition rate paid to community-based private PreK providers on behalf of children attending PreK during the 2018-19 school year is \$3267.
- If want your child to attend a program offered in a CVSD school by the school district, contact your local school directly for information about enrollment.
- If your child is going to attend a qualified PreK program outside of the school (in the community) you will have to enroll both with the community PreK program/provider (to reserve your child’s place in the program) and with your school district (to ensure 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 your school district.
- Your school district will provide you with an email confirmation when they have all the required paperwork and documentation needed to confirm your child’s prekindergarten funding. (CVSD PreK enrollment contact 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.

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 with all of the pre-qualified prekindergarten programs by using the link below.*

<http://education.vermont.gov/student-support/early-education/prekindergarten>

- ❖ Adventures in Early Learning - Shelburne, 985-9025
- ❖ Annette's Preschool – Hinesburg, 482-2525
- ❖ Ascension Childcare, Inc. – Shelburne, 658-0212
- ❖ Bellwether – Williston, 863-4839
- ❖ Burlington Children's Space – Burlington, 658-1500
- ❖ Bristol Family Center, Bristol, 453-5659
- ❖ Carolyn's Red Balloon-Colchester, 878-5001
- ❖ Charlotte Children's Center – Charlotte, 425-3328
- ❖ Children Unlimited-Williston, 878-5899
- ❖ Children's Preschool & Enrichment Center – Essex Jct., 878-1060
- ❖ The Children's School – So. Burlington, 862-2772
- ❖ Davis Studio Preschool-So Burlington 425-2700
- ❖ Discovery Preschool – So. Burlington, 860-4370
- ❖ Donna Leicht (Donna's Labor of Love) 660-9621
- ❖ Early Learning Center at St. Michael's College– Colchester – 654-2650
- ❖ EJ's Kids Klub – Williston, 860-1151
- ❖ EJRP Preschool - Essex jct., 878-1375
- ❖ Green Mountain Montessori School – Essex Jct., 879-9114
- ❖ Heartworks - Burlington, Shelburne, Williston, 985-2153
- ❖ Hinesburg Nursery School – Hinesburg, 482-3827
- ❖ Home-based Early Ed.: (Elsa Bosma, Heather Friedrichson, Sheila Quenneville, April Ploof, Colleen Christman
- ❖ Kids & Fitness - S. Burlington, 658-0080 - Williston, 864-5351 –Essex, 879-7734
- ❖ Kid Logic Learning – So. Burlington, 660-3600
- ❖ Kinderstart – Williston, 876-7056
- ❖ Lake Champlain Waldorf School - Shelburne, 985-2834
- ❖ Little One's University – Essex Jct., 872-7444
- ❖ Mary Johnson Children's Center – Middlebury, 388-2853
- ❖ Nadeau's Playschool – Williston, 658-9800
- ❖ Otter Creek Children's Center – Middlebury, 388-9688
- ❖ Pine Forest Children's Center – Burlington, 651-9455
- ❖ Robin's Nest Children's Center – Burlington, 864-8191
- ❖ Saxon Hill Preschool – Jericho, 899-3832
- ❖ The Schoolhouse - S. Burlington, 658-4164
- ❖ Shelburne Nursery School – Shelburne, 985-3993
- ❖ Stepping Stones- Burlington, 860-1915
- ❖ Trinity Children's Center – Burlington, 656-5010
- ❖ UVM – Children's Center – Burlington, 656-4050
- ❖ Williston Enrichment Center, 846-9402
- ❖ YMCA – Greater Burlington+, 862-9622
- ❖ **CVSD School District Programs- Williston, Shelburne, Hinesburg/Charlotte (contact your local elementary school directly for information about school-based pre-kindergarten enrollment)**

**2018-2019 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 9/4/18). 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 or 4 years old on or before of September 1, 2018 to qualify for funding)
Parent/Guardian's Name(s): _____
Child's Address: _____
Telephone: Parent/Guardian 1 _____ Parent/Guardian 2 _____
Email 1: _____ Email 2: _____

Did this child receive publicly funded PreK from CVSD during the 2017-18 school year? **Yes** **No**

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

Is your child enrolled in PreK for fall 2018? **Yes** **Not yet**

Name of PreK Program Your Child Will Attend (2018-19 school year) _____

Program Location (Town/City) _____

Enrollment Start Date: 9/4/18 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 at wclark@cvsdvt.org

For general questions about universal PreK (Act 166) contact Shelley Henson at shenson@cvsdvt.org

(Parent Signature and 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).**



5420 Shelburne Road, Suite 300, Shelburne, VT 05482
 Telephone 802-383-1234 Fax 802-383-1242

Student Registration Form

STUDENT INFORMATION			
FULL NAME			
Last:	First:	Middle:	
Gender: _____	Date of Birth:	Grade Level:	Last Grade Level Completed:
Instructional Plan (e.g. IEP, 504, EST)?			
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) _____ <input type="checkbox"/> Hispanic/Latino			
Languages other than English spoken in the home:			
Place of Birth			
City / State:			
Name of Last School Attended:			
Address of Last School Attended:			
City:	State:	ZIP Code:	

THIS AREA FOR OFFICE USE ONLY

Date Completed:

Teacher:

Start Date:

House/Team:

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) _____

___ Have purchased a home within the town of _____, which is
Parent or guardian name(s)
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: _____

Primary/Home Language Survey for All Kindergarten and Incoming Students

Instruction for schools in completing the survey:

1. Interview the parents/guardians of ALL new Kindergarten and incoming students in grades K-12 and record all information requested.
2. Provide interpreting services whenever necessary.
3. Please check to see that **all questions** on the form are answered.
4. A copy of any survey with a language other than English should be referred to the ESL teacher for further screening to determine if the student is an **English Language Learner (ELL)**.
5. Surveys for students identified as ELLs should be mailed to: Jim McCobb, ELL Program Coordinator, Vermont Agency of Education, 120 State Street, Montpelier, VT 05620-2501.
6. Place the original survey form in the student's permanent file.
7. For questions: E-mail: james.mccobb@state.vt.us Tel: (802) 828-0185

Student Information (Parents/Guardians should complete this section.)			
First Name:	Last Name:	Date of Birth (Month/Day/Year)	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in U.S. (Month/Day/Year):	Date student first began Kindergarten (or higher grade) in any U.S. school (Month/Day/Year):	
Questions for Parents/Guardians		Response	
What is the native language of each parent/guardian?			
What language(s) are spoken in your home?			
Which language did your child learn first?			
Which language does your child use most frequently at home?			
Which language do you most frequently speak to your child?			
What other languages does your child know?			
School Information (School Staff should complete this last section based on information gathered from parent/guardian.)			
What school will the student attend?			
Beginning date in this school (Month/Day/Year):	What grade will the student enter?	Person Conducting Survey:	

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Completing the Form (printed)

Signature

Today's Date

Street Address (if available), Apt #

City

State

Zip Code

()

Daytime Phone
(Optional)

Email
(Optional)

CHECKLIST

- Have you included all your children as household members?
- Are *both* the household size and total household income range boxes checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Meets the free guidelines _____
 Meets the reduced guidelines _____
 Income over the guidelines _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____

Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.