

## What Should CSSU Families Know About Universal/Publicly Funded Prekindergarten?

- Publicly funded prekindergarten is defined as 10 hours per week, 35 weeks per year (“school year”).
- Publicly-funded prekindergarten services can be in schools **and** qualified community-based programs (homes and centers). This link will bring you to a list of qualified pre-k providers in VT.  
<http://education.vermont.gov/student-support/early-education/prekindergarten>  
(scroll down to *List of Pre-qualified Providers*)
- Children must be at least 3 years old by the date established by the school for Kindergarten entry to qualify for prekindergarten funding (in CSSU districts this means 3 on or before Sept. 1).
- The state tuition rate paid to community-based private pre-k providers on behalf of children attending prekindergarten during the 2017-18 school year is \$3178.
- Prekindergarten enrollment is a family choice– **voluntary!** Not mandatory!
- If your child is going to attend a program offered in the school by the school district, the school will process your enrollment.
- If your child is going to attend a qualified program outside of the school (in the community) you will have to enroll both with the program/provider (for 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 prekindergarten with your school district.
- Your school district should provide you with a confirmation when they have all the required paperwork and documentation needed to confirm your child’s prekindergarten funding. (CSSU pre-k enrollment contact [wclark@cssu.org](mailto:wclark@cssu.org) )
- **Plan ahead!** Many community and school based programs begin pre-k enrollment in winter/early spring. Contact your school and community programs to find out about enrollment opportunities and enrollment dates.

If you have questions about publicly funded prekindergarten contact Sherry Carlson, CSSU Early Learning Partnership Consultant at [scarlson380@comcast.net](mailto:scarlson380@comcast.net).

## VT Pre-qualified Programs for Universal Prekindergarten Funding

Below is a *partial* list of programs currently approved by the VT Agency of Education for publicly funded pre-k: *Please note you may access a data base with all of the pre-qualified prekindergarten programs by visiting (use link below and then scroll down to List of Pre-qualified Providers)*

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

- ❖ Adventures in Early Learning - Shelburne, 985-9025
- ❖ Annette's Playschool – Hinesburg, 482-2525
- ❖ Ascension Childcare, Inc. – Shelburne, 658-0212
- ❖ Bellwether – Williston, 863-4839
- ❖ Bluewater Early Childhood Program – Shelburne, 985-8118
- ❖ 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
- ❖ 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
- ❖ Terri's Morning Garden – Shelburne, 343-0471
- ❖ Trinity Children's Center – Burlington, 656-5010
- ❖ UVM – Children's Center – Burlington, 656-4050
- ❖ Williston Enrichment Center, 846-9402
- ❖ YMCA – Greater Burlington+, 862-9622
- ❖ **CSSU** School District Programs- Williston, Shelburne, Hinesburg/Charlotte (contact your local elementary school directly for information about school-based pre-kindergarten enrollment)

**2017-2018 Chittenden South Supervisory Union  
Publicly Funded Prekindergarten Program Application**

*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: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Is this child currently receiving publicly funded prek? Yes No

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

Name of Program Your Child Will Attend \_\_\_\_\_

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

Program Contact (email address or phone number) \_\_\_\_\_

**Public education funding is to support 10 hours of prekindergarten per week (35 weeks per year-Sept-June). Your child must enroll in a program for a minimum of 10 hours a week to receive funds. Children may enroll during the school year, however, tuition will be prorated. The pre-k program you attend may not charge you for the 10 hours, 35 weeks of prekindergarten paid for by your school district. Please contact your program for more information about tuition fees for additional time your child attends the program.**

**Please return this application and the required school district registration documents to: Wendy Clark, Chittenden South Supervisory Union, 5420 Shelburne Road, Suite 300, Shelburne, VT 05482.**

For questions about prekindergarten registration contact Wendy at [wclark@cssu.org](mailto:wclark@cssu.org).

For general questions about universal prekindergarten (Act 166) contact Sherry Carlson at [scarlson380@comcast.net](mailto:scarlson380@comcast.net).

\_\_\_\_\_  
(Parent Signature and Date) \*By signing this document I give consent for CSSU to communicate about my child with the qualified prekindergarten program I have chosen to provide publicly funded pre-k services.



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:

\_\_\_\_\_ <sup>student name</sup> Charlotte \_\_\_\_\_ Hinesburg \_\_\_\_\_ Shelburne \_\_\_\_\_ Williston \_\_\_\_\_ CVU

because his/her parent(s) or guardian(s) \_\_\_\_\_

\_\_\_\_\_ <sup>Parent or guardian name(s)</sup> Have purchased a home within the town of \_\_\_\_\_, which is  
Name of CSSU town  
occupied as their legal residence;

\_\_\_\_\_ Have leased a home within the town of \_\_\_\_\_, which is  
Name of CSSU town  
occupied as their legal residence;

\_\_\_\_\_ Are living with a resident from \_\_\_\_\_, which is  
Name of CSSU 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 CSSU town

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

**LEARN · THINK · LIVE · CONTRIBUTE · PURSUE EXCELLENCE**

## 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](mailto: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 <b>Kindergarten (or higher grade)</b> in <b>any</b> 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 <b>will</b> the student attend?		
Beginning date in this school (Month/Day/Year):	What grade will the student enter?	Person Conducting Survey: