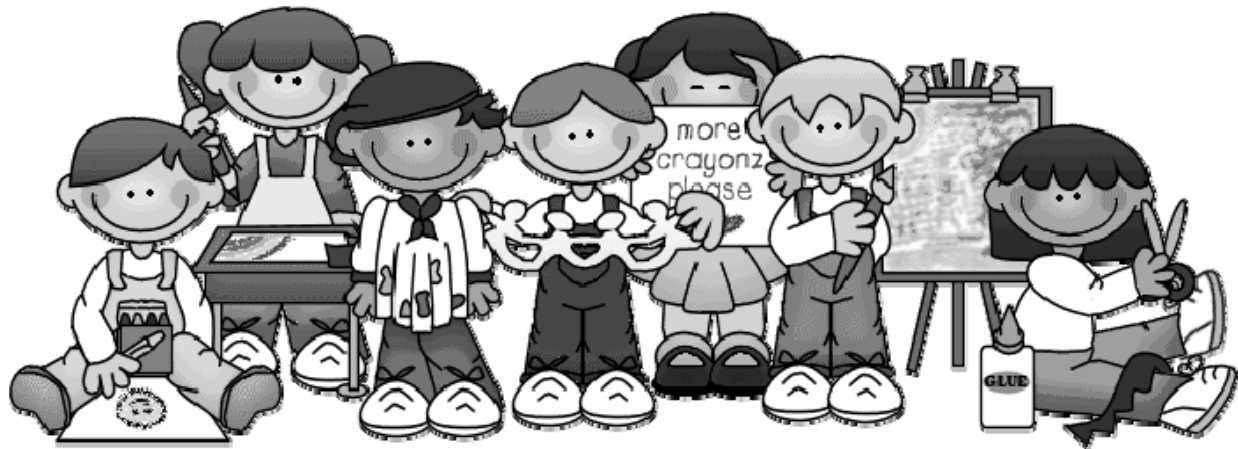


Colchester School District



Colchester Early Education Program New Student Enrollment Form

2016-2017

**Colchester Early Education Program
Application and Registration Forms
School Year 2016-2017**

The Colchester School District offers publicly funded Pre-Kindergarten for children between the ages of 3 and 5 who reside in the Town of Colchester, Vermont. **Your child must be at least 3 years old before September 1, 2016 to qualify.** To access funding for the 2016-2017 school year, please complete our Application and Registration packet and return it to: Colchester School District, PO Box 27, Colchester, VT 05446. Forms are also accepted by email to PreK@csdvt.org.

Checklist for Parents/Guardians

To expedite the process of enrollment process, we have developed a checklist of forms that we need.
Note: Parents of children eligible for special education may also apply for Pre-K tuition.

	Document Attached
1. Pre-K Program Application Form <i>(If your child's current preschool/childcare provider is qualified but not on our list of participants, you may send us a written request to add them.)</i>	<input type="checkbox"/>
2. Pre-K Registration Form	<input type="checkbox"/>
3. Copy of Birth Certificate	<input type="checkbox"/>
4. Copy of Custody Agreement <i>(Only required for parents who are separated or divorced.)</i>	<input type="checkbox"/>
5. Copy of immunization Record <i>(Only required for children attending a CSD program on-site at Malletts Bay School.)</i>	<input type="checkbox"/>
6. State-Placed Student Questionnaire <i>(Only required for children in state custody.)</i>	<input type="checkbox"/>
7. Proof of Residency <i>(see below)</i>	<input type="checkbox"/>

The term residency means where you actually live. To verify your residency, **please provide a copy** of the following information:

<p>One of the following documents is required to verify residency in Colchester, Vermont.</p> <ul style="list-style-type: none"> • A current property tax bill. • Current mortgage papers/closing statement showing a Colchester address and the name of the legal parent/guardian, or custodian. • Formal lease showing the name, address and phone number of the landlord; Colchester address and name of lessee. • A notarized letter from the landlord stating the address of the residence being leased and the name(s) of the lessee(s) with the landlord's address and phone number. 	OR	<p>Two of the following documents are required to verify residency in Colchester, Vermont.</p> <ul style="list-style-type: none"> • Valid Vermont driver's license with Colchester address. • Valid Vermont non-driver ID with Colchester address. • Current utility bill in your name, with Colchester address. • Valid public aid card. • Bank statement for last or current month (financial information omitted) with Colchester address.
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I have read the above and attest that I meet the residence requirements. A copy of the required documentation *(see list above)* is included with my application.

Signature of Parent/Guardian

Date

For office use only below this line.

Residency Documents Verified by:

Signature & Title of School Official

Date

Colchester Early Education Program Application Form

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Email Address: _____ Phone Number: _____

Program Information

Select the program below. What is your child's anticipated start date? _____ Will your child be attending the program full-time or part-time? If part-time, how many hours per week? _____

Currently Enrolled **Applied To/ on Waitlist**

- _____ ABC Academy, Milton
- _____ Adventures in Early Learning, Shelburne
- _____ Annette's Preschool, Hinesburg
- _____ Ascension Childcare, Shelburne
- _____ The Bellwether School, Williston
- _____ BTC Preschool, Burlington
- _____ Burlington Forest Preschool, Burlington
- _____ Carolyn's Red Balloon, Colchester
- _____ Champlain Valley Head Start, Colchester
- _____ Children's Preschool and Enrichment Center, Essex
- _____ Children Unlimited, Williston
- _____ The Children's School, So. Burlington
- _____ Colchester Early Education Program
- _____ Discovery Preschool, So. Burlington
- _____ E.J.'s Kids Klub, Inc., Williston
- _____ Early Learning Center at St. Michael's College, Colchester
- _____ EJRP Preschool, Essex Jct.
- _____ Frog and Toad Childcare and Learning Center: Burlington, Essex
- _____ Future Einsteins, Colchester
- _____ Green Mt. Montessori School, Essex Jct.
- _____ Heartworks: Burlington, Shelburne, Williston
- _____ Kid Logic Learning, So. Burlington
- _____ Kids & Fitness: Essex, So. Burlington, Williston

Currently Enrolled **Applied To/ on Waitlist**

- _____ Kinderstart, Williston
- _____ Lake Champlain Waldorf School, Shelburne
- _____ Little Feats Childcare & Preschool, Colchester
- _____ Little Feats Too Childcare & Preschool, Milton
- _____ Little One's University, Essex Jct.
- _____ Little Tots Academy, Colchester
- _____ Lund Family Center, So. Burlington
- _____ Nadeau's Playschool, Williston
- _____ Otter Creek Child Center, Middlebury
- _____ Pine Forest Children's Center, Burlington
- _____ Reach for the Stars Childcare and Preschool, Essex Jct.
- _____ Robin's Nest Children's Center, Burlington
- _____ Sara Holbrook Community Ctr., Burlington
- _____ The Schoolhouse, So. Burlington
- _____ Sheila Quenneville, So. Burlington
- _____ Shelburne Nursery School, Shelburne
- _____ Stepping Stones, Burlington
- _____ Trinity Children's Center, Burlington
- _____ UVM Campus Children's Center, Burlington
- _____ VNA Learning Together Child Care, Burlington
- _____ Williston Enrichment Center, Williston
- _____ Y Early Childhood Ctr. @ Chamberlain School, So. Burlington
- _____ Y Early Childhood Program for UVM Medical Center, Winooski
- _____ YMCA - Greater Burlington

If your child's current preschool/childcare is *qualified* (must have 4 or 5 STARS and a VT licensed teacher with an endorsement in early education) and is not listed above, you may submit a written request to: Colchester School District, PO Box 27, Colchester, VT 05446-0027 or by email to: PreK@csdvt.org. CSD will send an agreement to your child's program.

PLEASE PRINT ALL INFORMATION

Colchester Early Education Program Registration Form

Student Information

Did your child previously attend a program in the Colchester School District? Yes No Last Date Attended: _____

Child's Name: _____ Date of Birth: _____ Gender M F

Home Phone: _____ Primary Home Language: _____

Mailing Address: _____ Street Address: _____

Foster Care/Ward of the State: Yes No Complete State-Placed Student Enrollment Questionnaire.

Child lives with: Parent 1 (*specify below*) Parent 2 (*specify below*) Both Parents Other (*specify*): _____

Note: Ethnicity/race information is required for state and federal reporting. Ethnicity (check one): Hispanic/Latino Yes No

Race (check all that apply): White American Indian/Alaskan Native African American Asian Hawaiian/Pacific Islander

Parent/Guardian Information

Parent/Guardian 1: _____ Relationship to Child: _____
(i.e. mother, father, aunt, etc.)

Address (*if different from student*): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext. _____ Email Address: _____

Parent/Guardian 2: _____ Relationship to Child: _____
(i.e. mother, father, aunt, etc.)

Address (*if different from student*): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext. _____ Email Address: _____

Sibling Information

Siblings attending school in the Colchester School District:

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Does your child receive special education services with an IEP or One Plan? Yes No

When do you expect your child to enter kindergarten? _____ (*school year*)

Do you know which Colchester school they will attend? Porters Point School Union Memorial School I Do Not Know

PLEASE PRINT ALL INFORMATION

Colchester Early Education Program State-Placed Student Enrollment Questionnaire

Is this child state-placed? Yes *Complete this form. Add your signature & today's date to the bottom of the form.*
 No *Do not complete this form. Add your signature & today's date to the bottom of the form.*

School: _____

Student's Name: _____ Date of Birth: ___/___/___ S.S.: ____-____-____

Address Where Student Is Living: _____

Name of Person Completing This Form: _____

1. Is the student in DCF custody? Yes No

If yes, DCF District Office: _____

Social Worker's Name: _____ Phone #: _____

2. Is the child in the care of another child placing agency? Yes No

If yes, which agency? _____
(Mental Health, Casey Family Services, other?)

Agency Contact Name: _____ Phone #: _____

3. Who is the legal guardian/custodian? **Note: This is the only person who can legally enroll the student.**

Name: _____ Phone #: _____

4. Does the student have a parent living in Colchester? Yes No

Mother's Town of Residence: _____

Father's Town of Residence: _____

Legal Guardian's Town of Residence: _____

5. Is the student eligible for special education or being evaluated for special education eligibility? Yes No

If yes, who is the educational surrogate parent? If unknown, please contact the Vermont Educational Surrogate Parent Program at 863-7370.

Surrogate's Name: _____ Phone #: _____

Attention School Registrar: If the answer to question 5 is yes, you must send a copy of this form to the District's Special Education Coordinator and Medicaid Clerk.

6. Where did the student last attend school/last educational placement?

Enrollment Dates

District: _____ From ___/___/___ To ___/___/___

Contact Name: _____ Phone #: _____

Signature of Legal Guardian

Date