



Publicly Funded Prekindergarten Education

Local schools pay tuition for 10 hours a week during the school year for a Prekindergarten program in a prequalified early childhood program for children ages 3-5. Children must be 3 years old by September 1; 5 year olds must not be eligible for Kindergarten.

Checklist for Tuition Registration

<p>1. Enroll your child in a Pre-Qualified Preschool program for 10 hours a week. The most current list of prequalified programs is found at http://www.brightfutures.dcf.state.vt.us</p>	<input type="checkbox"/>
<p>2. Complete Sections 1 and 2, and return to your local school with:</p>	<input type="checkbox"/>
<p>a. Birth Certificate</p>	<input type="checkbox"/>
<p>b. Residency Verification</p> <p>i. Please provide <u>one</u> of the following:</p> <ol style="list-style-type: none"> 1. Copy of current tax bill 2. Copy of lease agreement 3. Copy of rent receipt <p>ii. And <u>two</u> of the following:</p> <ol style="list-style-type: none"> 1. Voter registration 2. Automobile registration 3. Employment verification 4. Post address (other than a P.O. box) 5. Telephone bill 6. Electric bill 	<input type="checkbox"/>
<p>3. Income verification form</p>	<input type="checkbox"/>
<p>4. Copy of Custody Agreement (Only required for parents who are separated or divorced)</p>	<input type="checkbox"/>



Thetford Elementary School

Thetford, Vermont 05074

Phone: 802-785-2426

Section 1 Registration

STUDENT INFORMATION				
LAST NAME	FIRST NAME	MIDDLE:	Date of Birth	Gender ___ M ___ F
Mailing Address:		City	State:	Zip
Physical Address (if different from mailing address)		City	State	Zip
Is student eligible for: (check all that apply) ___ IEP ___ State Placed ___ DLL (Dual Language Learner) ___ Migrant ___ Homeless (ie: lack of consistent housing, doubling up with friends or family, etc.)				
Race/ethnicity (check all that apply): ___ White ___ Asian ___ Black/African American ___ Hispanic/Latino ___ American Indian/Alaskan ___ Native Hawaiian/Pacific Islander ___ Other (please specify)				
Language other than English spoken in the home:				
Child lives with: ___ Both parents ___ Parent 1 (specify below) ___ Parent 2 (specify below) ___ Other (specify) * Copy of any current court order regarding custody or guardianship for either parent, <u>must</u> be submitted to school.				
PARENT/GUARDIAN INFORMATION				
Parent /Guardian 1			Relationship to Student	
Mailing Address		City	State:	Zip
Physical Address (if different from mailing address)		City	State	Zip
Home Phone: ()		Cell Phone: ()		
Email:				
Parent /Guardian 2			Relationship to Student	
Mailing Address		City	State:	Zip
Physical Address (if different from mailing address)		City	State	Zip
Home Phone: ()		Cell Phone: ()		
Email:				

SIBLING INFORMATION		
Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade:

Section 2 Prequalified Early Childhood Program

Public tuition for Pre-K is for 10 hours a week of high quality early learning during 35 weeks, Sept-June. In order to access funding your child, s/he 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. Programs may be found at <http://www.brightfutures.dcf.state.vt.us>. Cost and fees for time above and beyond the 10 hours of PreK education are the responsibility of the parent or guardian.

Information about Your Child’s Prequalified Early Childhood Program			
Name of Program			
Director of Program or contact person		Program Phone Number	
Program Address	Town	VT	Zip

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 my child’s local school, Orange East 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:** ____ Bradford ____ Corinth ____ Newbury ____ Thetford ____ Topsham

Date Application Received: __/__/__ **Date Residency Verified:** __/__/__ **Registrar Initials:** _____

Verification of child enrollment in PQ PK: date __/__/__ **by (name)** _____

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

Code Street Address (if available), Apt # City State Zip

() _____
Daytime Phone Email
(Optional) (Optional)

<p>CHECKLIST</p> <p><input type="checkbox"/> Have you included all your children as household members?</p> <p><input type="checkbox"/> Are <i>both</i> the household size and total household income range boxes checked?</p> <p><input type="checkbox"/> Have you signed the form?</p>
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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.