



## Publicly Funded Preschool Program Application 2023-2024

This application form enrolls your child so that your school district will pay for your child to attend a publicly-funded preschool program for 10 hours/week for 35 weeks/year.

### About the Publicly Funded PreK Program:

- Your family may choose the Vermont pre qualified PreK program that best meets your needs with regards to schedule, location, and family preferences.
- Prequalified programs have met certain criteria to demonstrate their quality, including employment of a licensed teacher, STARS rating, and high quality curricular and assessment practices. If your pre qualified PreK program does not currently have a partnership with your school district, you may ask that they enter into a partnership for the purposes of receiving the publicly funded tuition.
- To be eligible, children must be aged 3, 4, or 5 on or before September 11st 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, 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 assistance with paying for child care services. 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 pre qualified PreK program. Next, please complete this application form and proof of residency with supporting documents to enroll your child with the school system. A checklist of paperwork is below:

- Family Application Form
- Proof of Residency Form 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.

**Please return to: Lincoln Community School DUE DATE Not later than 7/1 (but will still accept after that date.)**



Your preschool provider can answer most questions about this program. For additional questions, contact Madelyn Burke, Lincoln School District Superintendent, at [mburke@lincolnsd.org](mailto:mburke@lincolnsd.org), or 802-558-1828.

### Student Information

Child's Full Legal Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex  Male  Female

Grade Level: Pre K Age  3  4  5 Preferred Pronouns: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Family Information (add additional sheets as needed)

Parent/Guardian Name 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone 1: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Parent/Guardian Name 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone 2 : (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

**Child lives with:**  Parent 1  Parent 2  Both Parents  Other: \_\_\_\_\_  DCF Custody

Sibling's First & Last Names	Gender	Date of Birth	School (if applicable)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



### 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  English  Other: \_\_\_\_\_

Languages (other than English) spoken at home: \_\_\_\_\_

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/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

If yes, 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  
 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 Fall 2023?  Yes  No Start Date: \_\_\_\_\_

Name of PreK program: \_\_\_\_\_  Public school-based

Address of PreK program: \_\_\_\_\_

Previous PreK program & Address (if applicable): \_\_\_\_\_



I give permission for Lincoln School District to exchange information with my PreK provider about my child for the purposes of providing PreK and facilitating kindergarten transitions (including obtaining child records such as enrollment, attendance, services eligibility and assessment or child progress results).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 enrolls 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return forms to: Lincoln Community School 795 E River Road, Lincoln, VT 05443  
DUE DATE: July 1 (but will accept after that date)



I affirm that my child is eligible to attend/receive public tuition funds in the Lincoln School District, because we, their parent(s) or guardian (s) reside in the town of Lincoln.

Because we: **CHECK** one of the following:

- Have purchased a home in Lincoln
- Have leased or rented a home in Lincoln
- Are living with a resident of Lincoln.

**(PLEASE CHECK IF NEEDED)** My family has unstable housing and does not have proof of residency (*homeless, live in temporary housing due to loss of housing or economic hardship including motel, car or campsite; doubled up with family/friends; living in a shelter or transitional housing; or otherwise falls under the McKinney-Vento Act*). Submit this form with out proof and our district will contact you to help enroll your child.

As proof of residence, I have presented and 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 the landlord\*
- Voter Registration (copy of receipt or Town Clerks 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 a 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 item which show your name and 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\*
  - Bank statement for last 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 from mailing address. Please note: **credit card bills and other mail cannot be accepted as proof of residency.**

*My signature below indicates that if, after further investigation, any of the above information is fraudulent, the student may be unenrolled from the publicly funded PreK. Further, I understand that I may be invoiced for tuition at the current daily rate from the first day of attendance through the last day of attendance and I agree to pay such invoice. Finally, I understand that I may be subject to criminal prosecution under 13 V.S.A. 3016, False Claim, if I have knowingly answered any of the above questions falsely. Residency appeals are included in 16 V.S.A. 1075(b). If I move residences, I will immediately notify my PreK provider and the schools.*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*