

Grand Isle Supervisory Union

5038 US Route 2 North Hero, Vermont 05474

Phone: 802-372-6921 Fax: 802-372-4898 Web Site: www.gisu.org

ACT 166 PRESCHOOL REGISTRATION PROCESS PUBLICALLY FUNDED PRESCHOOL APPLICATION & REGISTRATION FORMS

Beginning with the 2017 School Year, under Act 166, public funding for 10 hours a week of preschool has been available. Public funding for preschool is sent direct to the pre-qualified provider.

If you are the parent or guardian of a child between the ages of 3-5 years, (your child must be at least 3 years old on or before September 1st, 2019) and you are a resident of Alburgh, Grand Isle, Isle La Motte, North Hero or South Hero, you may apply for Public Preschool Funding by completing the following steps:

Checklist for Parents/Guardians

COMPLETED

1. Preschool Student Registration Form I (Return to GISU if attending a program not offered at an Island school)
- or
2. Pre-Qualified Preschool Program Application Form II (Return to GISU)
3. Residency Verification Forms (Return to GISU or school district where enrolling in a Preschool that is within a school building)
4. Copy of Custody Agreement (Only required for parents who are separated or divorced)
5. Enroll your child in a Pre-Qualified Preschool Program anywhere in Vermont for 10 hours a week (Public funding only covers tuition for 10 hours a week) AND contact the GISU Director of Student Support Services.

To locate a pre-qualified program please visit www.brightfutures.dcf.state.vt.us

Grand Isle Supervisory Union

5038 US Route 2 North Hero, Vermont 05474

Phone: 802-372-6921 Fax: 802-372-4898 Web Site: www.gisu.org

I. PRESCHOOL STUDENT REGISTRATION FORM

STUDENT INFORMATION		
Last Name:	First Name:	Middle:
DOB: ___/___/___	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 ___ Dual Language Learner ___ Migrant ___ Homeless (ie: lack of consistent housing, doubled 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 ___ 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 (if different from above)		
City:	State:	Zip:
Physical Address (if different from mailing address)		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Parent/Guardian 2:		Relationship to Student:
Mailing Address (if different from above)		
City:	State:	Zip:
Physical Address (if different from mailing address)		
City:	State:	Zip:
Home Phone:	Cell Phone:	
SIBLING INFORMATION		
Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade:

Grand Isle Supervisory Union

5038 US Route 2 North Hero, Vermont 05474

Phone: 802-372-6921 Fax: 802-372-4898 Web Site: www.gisu.org

II. APPLICATION FOR PUBLICLY FUNDED PRESCHOOL OUTSIDE OF LOCAL SCHOOL DISTRICT PRESCHOOL

Public funding for Preschool is for 10 hours a week of high quality early learning for 35 weeks per year Sept-June. In order to qualify for funding your child 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. The Program your child attends may not charge you for the 10 hours, 35 weeks of preschool. To locate a pre-qualified program please visit www.brightfutures.dcf.state.vt.us

Please return Sections I & II of the Application and return to your Local School District or if applying to Learning Adventure, Champlain Isle Parent Child Center or outside of the Grand Isle Supervisory Union (GISU) School District. Residency must be verified with the GISU at % Act 166 5038 US Route 2, North Hero, VT 05474.

Current School Year 20__ - 20__		*Child's age as of September 1 st : _____
Child's Name:		DOB:
Name of Program:		
Director of Program:		
Program Phone Number:		
Program Address:		
Town:	State: VT	Zip:

(*Child must be at least 3 years of age on or before September 1st for the school year in which you are requesting public funding)

I understand that by enrolling my child to receive public funding for preschool, 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 preschool program where my child is enrolled will release information regarding my child's attendance and Teaching Strategies GOLD assessment information with the Grand Isle Supervisory Union and the Vermont Agency of Education.

The information provided is accurate and true to the best of my knowledge.

Parent/Guardian Signature

Date

For Official Use Only: Town of Residency ___Alburgh ___Grand Isle ___Isle LaMotte ___North Hero
___South Hero

Date Application Received: ___/___/___ Date Residency Verified: ___/___/___ Registrar Initials: _____

Serving the Beautiful Lake Champlain Islands and Communities of Grand Isle County

Revised 4/5/19