

REGISTRATION FOR PRE-KINDERGARTEN EDUCATION (2018-'19)
for children ages 3-5 living in the Springfield School District

Today's date _____ Child's Town of Residence _____

Child's Name: _____ Child's Date of Birth _____ *Your child must be 3 by September 1, 2018.*

Parent/Guardian's Name _____

Mailing Address: _____ Physical Address: _____

Telephone: (primary) _____ (alternate phone) _____

Email _____

Gender, circle one: M F

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: _____

This form with a non-certified birth certificate and 2 proofs of residency (lease/mortgage payment and driver's license or bill) will register your child for publicly funded pre-k. You will also be required to contact the program directly to inquire about enrolling your child. Vermont birth certificates are available at the town office in the town where your child was born or mom resided at time of birth. For out of state births, please contact the town office in the town in which your child was born. Non-certified copies should cost \$2.

Contacts, phone numbers and addresses of our private pre-k partners are provided in our cover letter for your convenience.

If you are considering a prequalified pre-k program not on the list, please contact the SSD PreK Coordinator at 885-1150.

If your child is already enrolled in a pre-k program, please provide its name _____

If not, please name the program(s) you are considering _____

I understand that by enrolling my child in universal pre-k and receiving the public funding, my child will be counted by the school district in which my child resides, and will be considered a student of that school district. Teaching Strategies GOLD assessment, demographic, and other information pertinent to kindergarten registration and transition may be shared with the Springfield School District and the VT Agency of Education.

Parent/guardian signature _____ Date _____

**Registration forms with required documents may be returned to any pre-k partner program, any site that provides pre-k registration forms, by mail to: Early Education Coordinator, 60 Park St., Springfield, VT 05156,
Phone: 802-885-1150**

FOR OFFICE USE

_____ Birth certificate received _____ 2 proofs of residency received