



Dear Families,

Thank you for your interest in our public prekindergarten programs. Enrollment in our prekindergarten programs is offered on a first come, first served basis, pending submission of a complete registration packet and supporting documentation. This includes:

- ☐ Signed Act 166: Universal Prekindergarten Tuition Request Form / Intent to Enroll Form
- ☐ Completed Registration Packet
- ☐ Proof of Residency
- ☐ Proof of Child's Age
- ☐ Immunization Records
- ☐ Signed Documentation of Health Exam or signed consent to release health records

Be aware, your child will not be offered a space in our programs until we have all of the documentation above for his or her file. If you have questions about the registration process or required paperwork, please reach out to our school registrars listed below.

Barre Town Elementary School

Betsy Pearce

Bpearbte@buusd.org

802-476-6617

Barre City Elementary School

Katelyn Smith

Ksmitbce@buusd.org

802-476-5011

*****This page must accompany the child's full school registration packet*****

**Act 166: Universal Prekindergarten Tuition Request Form / Intent to Enroll Form
2019-2020 School Year (updated 10-9-19)**

Our family resides in (check one):

- ☐ Barre Unified Union School District
- ☐ Central Vermont Supervisory Union
- ☐ Harwood Unified Union School District
- ☐ Lamoille North Supervisory Union
- ☐ Lamoille South Supervisory Union
- ☐ Montpelier Roxbury School District

- ☐ Orange Southwest Supervisory Union
- ☐ Orleans Southwest Supervisory Union
- ☐ Washington Central Supervisory Union
- ☐ Twinfield/Cabot School Districts
- ☐ White River Valley Supervisory Union

Our family lives in: _____ School District

By completing and submitting this form, you are either 1) requesting that your child be considered for a prekindergarten space through your local public prekindergarten program **or** 2) requesting tuition for your child to attend a pre-qualified private prekindergarten program (10 hours per week for 35 weeks).

Child's Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____ Phone: _____

Address: _____

E-mail Address: _____

Please check one option:

_____ Please consider my child for enrollment at my local public prekindergarten program.

----- OR -----

(PreK children are eligible for either public PreK OR Act 166 tuition, not both)

_____ Please check here if you plan to enroll your child in a **private prequalified prekindergarten program**. Schools will provide up to \$3,356.00 per school year to one prequalified private prekindergarten provider if the child's registration is complete before the start of the school year. The school does not manage enrollment at private programs; please contact the private prekindergarten program you are interested in. **Children must be 3, 4, or 5 years of age but is not yet enrolled in kindergarten. The child may remain enrolled at age 6, however, access to Act 166 Tuition will cease at the child's birthday.**

My child is enrolled at _____ Start Date: _____

By enrolling in a public PreK program or requesting Prekindergarten tuition funds, I agree to:

- ☐ **complete the registration process** with my resident school district, which includes proof of residency and proof of age (ie: birth certificate). Schools are required to provide families with household income forms. I understand that my child's tuition will be prorated based on the date that I fully complete registration. (Note: If your child was registered last year, you will be asked to review the information on file);
- ☐ **follow the attendance policy** provided by the prekindergarten program and ensure that my child attends prekindergarten consistently. I understand it is my responsibility to notify the Supervisory Union/Supervisory District if we move or if my child stops attending prekindergarten or changes programs;
- ☐ **authorize the release of information** between my child's prekindergarten program to communicate with my school district about my child's development, enrollment, attendance, registration and suspension/expulsion.

Parent/Legal Guardian Signature

Date

Please send this form and your child's registration packet to the Registrar at your School District of residence

Internal use only: copy to: _____ Registrar, _____ Act 166 Designee, _____ other: _____

Barre Unified Union Student Registration Form

Date: _____

This student resides in (circle one): Barre City Barre Town **Grade Level:** _____

Other town of residence: _____

Student Information:Name _____
First Middle Last**Gender:** _____

Home Telephone _____

Email address: _____

Date of Birth _____/_____/_____

Place of birth _____

Ethnicity:

Hispanic/Latino: Y or N

Race: (Please check all that apply)

____ White ____ Native Hawaiian or other Pacific Islander ____ Black or African American

____ Asian ____ American Indian or Alaska Native ____ Other: _____

Has this student ever been enrolled at a Barre City or Barre Town School before? Yes____ No____
If so, where? _____**Physical Address:** _____

City _____ Zip _____

Mailing Address (if different than street address):

_____ City _____ Zip _____

Student lives with _____

Legal or Custodial papers _yes / no_ Please Explain: _____

Please list any person(s) not permitted to have contact with your child:

Office Use Only:	Grade Level _____	Forms to: <input type="checkbox"/> Nurse <input type="checkbox"/> Transportation
<input type="checkbox"/> Proof of residency		<input type="checkbox"/> Administrator <input type="checkbox"/> Guidance Counselor
<input type="checkbox"/> Legal Documents Rec'd		<input type="checkbox"/> Special Ed. Coordinator
<input type="checkbox"/> Immunizations		<input type="checkbox"/> Family School Cons
<input type="checkbox"/> Proof of age (eg: birth certificate, religious, hospital or physician's certificate, adoption record, previous school record)		

Student Registration page 2, Student Contacts Student _____

Note: Contacts #1 and #2 will receive information through the school's automated call system

Parent/Guardian: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

Parent/Guardian: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

If your child is in PreK, there must be at least 2 contacts who are not the parents/guardians:

3rd Contact: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

4th Contact: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

5th Contact: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

Do you want mailings sent to these addresses as well as contact #1? __ no __ yes; # 2 #3 #4 #5
(please circle)

Other authorized people for contact and/or to pick up your child or meet your child at the bus stop:

Name: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

Family Information:

Other Children under 20 years old at home

Date of Birth

Has a home visitor ever come to your home for this child (for example, Early Head Start, Children's Integrated Services, etc.)? ___yes / no___; if yes, please explain

Does your child attend preschool/daycare? If yes, where? _____

Has your child attended another school? If so, please provide name and address of school:

Support Services:

Did your child receive extra help in school: ___ yes / no ___

If yes, please check one or more of the following:

___ academic

___ behavioral

___ speech/language

___ adaptive physical education

___ occupational therapy

___ physical therapy

___ other: _____

___ counseling: ___ in school / ___ outside of school

If yes, was your child receiving support as the result of:

___ an Individual Education Plan (IEP)

___ a Section 504 Plan

___ an Individual Family Service Plan (IFSP)

___ other _____

Any comments regarding these services that may be helpful to us as we plan for your child to start school: _____

Did your child receive any services outside of school that we should be aware of ___yes / no ___

If yes, please explain _____

Are there any relatives at the same grade level as your child? ___ no / ___yes: _____

Name

Additional Documents Required (prior to your child attending school):

1) Immunization Record, 2) Proof of Student's Age (birth certificate, religious, hospital or physician's certificate, adoption record, previous school record), 3) Proof of Parent's/Guardian's Residence (copy of current: residential property tax bill/rental agreement/utility bill with location of service)

Student _____

This page only needs to be completed if the student is being state-placed.

State-Placed Student Enrollment Questions:

Is the child in DCF custody? __yes / no__; if no, proceed to next page.

If yes, DCF district office: _____ Case Manager: _____ Phone: _____

Is the child in the care of another child placing agency? _yes / no_

If yes, which agency? _____
Name phone

Who is the legal guardian/custodian? _____ phone _____

Who is the educational surrogate? _____ phone _____

Where do the child's parent's live?

Mother's name _____ Town: _____

Father's name _____ Town: _____

Is the student on an IEP? _yes / no_

Where did the student last attend school or where was the last educational placement?

Location: _____ Contact name: _____ Phone: _____

Signature of legal guardian

Date

Barre Unified Union School District – Health Information

Today's Date: _____

Child's Name: _____ Nickname: _____ Date of Birth: _____

Parent/Guardian: _____ Name of Insurance: _____

School Policy requires that all medication be brought to school in the pharmacy container. The parents are responsible for getting the medicines directly to the school nurse and for the completion of the required paperwork. It is recommended that over-the-counter medicines are given at home and 3 times-a-day medicines be given before school, after school and at bedtime. Students are not allowed to carry any medicine with them while in school, except under arrangements established by the school nurse, the parents, and the physician when indicated.

Doctor: _____ phone# _____ Date of Last Exam: _____

Dentist: _____ phone# _____ Date of Last Exam: _____

I give permission for release of information to and from my child's physician, Dr. _____, regarding immunizations.

Parent/Guardian signature

Date

Has a doctor, nurse or other health professional **EVER** said that your child has asthma?

Yes____ No____ Don't know/not sure____

If **yes**, does your child STILL have asthma? Yes____ No____ Don't know/not sure____

If **yes**, are there any medications used to treat this? Yes____ No____

What are those medications: _____

Does the student use an inhaler ? Yes____ No____

Does your child have an Asthma Action Plan (AAP)? Yes____ No____

HEARING HISTORY

Date of last hearing exam? _____ By whom: _____

Does he/she wear hearing aids _____ Ear tubes (PE tubes) _____ Date Inserted: _____

Tubes in place: Y N Other ear problems (infection/injury) _____

VISION HISTORY

Date of last eye exam _____ By whom? _____

Glasses? _____ Contact Lenses? _____ Eye specialist: _____

Other eye problems (ie muscle problem/injury/surgery) _____

Other people assisting with your child's healthcare (social worker, counselor, WIC) _____

Current medications and doses: _____

Other illnesses: (chickenpox, pneumonia, scarlet fever, etc) _____

(Please complete other side)

OTHER SIGNIFICANT MEDICAL HISTORY

In reviewing the following checklist, please provide additional information for each 'yes' response.

Health Problems	No	Yes	Explain
Allergies (please list) Food, Environment, Medication			
Asthma/Bronchial/Respiratory problems			
Bleeding Problems			
Diabetes			
Fainting/Blackouts			
Fracture/Sprains			
Heart Condition			
Kidney/Bladder Problems			
Toileting Needs			
Operations/Hospitalizations			
Seizures			
Smokers in Household			
ADHD/ADD			
Mental Health Issues			
Issues require limitations/accommodations			

Has your child experienced any social, emotional, or physical problems or trauma which may affect adjustment to school?

I give permission to administer: Tylenol _____ Ibuprofen _____ Benadryl _____		
Child's name _____	Signature/relationship to child _____	Date _____

In care of an accident or illness, I request the school contact me. If unable to reach me and the emergency is urgent, I hereby authorize school personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer wherever treatment is necessary at my expense.

Child's name _____ Signature/relationship to child _____ Date _____

If there is anything else you would like the school nurse to know about your child's physical or emotional health, please feel free to call and speak with the school nurse.



Dear Families,

Our public preschool programs fall under the Vermont Childcare Licensing Regulations. These regulations require us to obtain documentation of a child's most recent well child visit and/or a signed statement by your child's physician indicating the date of the last well-care exam along with a notation of any health conditions of concern and medications needed. In order to support your efforts to gather this information, please let us know how you wish to proceed.

- ☐ I will have my physician fill out the enclosed Health Examination form and will return it to you.
- ☐ I will call my physician and ask them to fax a note to the school registrar with the following information: Date of last well exam, statement reporting if there are or are not medical conditions to be aware of, list of any medications, physician's signature.
Barre City Elementary School Fax # 802-476-1492
Barre Town Elementary School Fax # 802-479-5723
- ☐ I give ☐ Barre Town ☐ Barre City Elementary School prekindergarten staff permission to contact my child's physician to obtain a copy of my child's most recent well check exam or other information related to current medical conditions and/or medications.

Child's Name _____

Name of Physician _____

Physician's Address _____

Physician's Phone Number _____

Parent/Guardian Signature: _____

****Please note that your child will not be offered a slot in one of our programs until a signed health form is received for his or her file.****

BUUSD Prekindergarten Health Examination Form

Signed documentation of an annual well-child exam is required by the Vermont Child Development Division (licensing) in order for children to attend our prekindergarten programs. This form can be used to meet this requirement. Other physical exam forms used by the health provider's office documenting the child's age appropriate well-care exam and information regarding any health conditions and medications that may impact the care of the child are also acceptable.

Child's Name: _____

Date of Birth: _____ Date of Last Exam: _____

Child attends: ☐ Barre City Elementary School ☐ Barre Town Elementary School

____ This child has no health conditions or medications that impact enrollment in child care.

____ This child has a condition or medication that should be known by the child care provider:

Health Care Provider Name: _____ Phone Number: _____

Health Care Provider Signature: _____ Date: _____

This form may be faxed to the attention of the school registrar.

Barre City Elementary School, Attn: Katelyn Smith, Fax # 802-476-1492

Barre Town Elementary School, Attn: Betsy Pearce, Fax # 802-479-5723

Primary/Home Language Survey for All Kindergarten and Incoming Students**Instruction for schools in completing the survey:**

1. Interview the parents/guardians of ALL new Kindergarten and incoming students in grades K-12 and record all information requested.
2. Provide interpreting services whenever necessary.
3. Please check to see that all questions on the form are answered.
4. A copy of any survey with a language other than English should be referred to the ESL teacher for further screening to determine if the student is an English Language Learner (ELL).
5. Surveys for students identified as ELLs should be faxed (802-479-1829) or mailed to:
Jim McCobb, ELL Program Coordinator, Vermont Agency of Education, 219 North Main Street, Suite 402, Barre, VT 05641.
6. Place the original survey form in the student's permanent file.
7. For questions: E-mail: james.mccobb@state.vt.us Tel: (802) 479-1273.

Student Information (Parents/Guardians should complete this section.)			
First Name:	Last Name:	Date of Birth (Month/Day/Year)	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in U.S. (Month/Day/Year):	Date student first began Kindergarten (or higher grade) in any U.S. school (Month/Day/Year):	
Questions for Parents/Guardians		Response	
What is the native language of each parent/guardian?			
What language(s) are spoken in your home?			
Which language did your child learn first?			
Which language does your child use most frequently at home?			
Which language do you most frequently speak to your child?			
What other languages does your child know?			

School Information (School Staff should complete this last section based on information gathered from parent/guardian.)		
What school will the student attend?		
Beginning date in this school (Month/Day/Year):	What grade will the student enter?	Person Conducting Survey:



Vermont Migrant Education Program Identification and Recruitment

Agricultural Employment Survey

617 Comstock Road, Ste. #5
Berlin, Vermont 05602-9194

Tel. 802-223-2389, ext. 20
Fax 802-223-6500

Please complete this form and return it to the school office or to the address listed above.

Have you, your spouse or companion moved in the last three years?

☐ **Yes** If yes from where? _____ Please complete the rest of this form.

☐ **No** You do not need to complete the rest of this form. Thank you.

In the past three years, have ☐ you, ☐ your spouse, or ☐ companion

☐ worked in agriculture or logging?

☐ looked for work in agriculture or logging?

☐ currently working in agriculture or logging?

Please check off all that apply:

☐ on any type of farm such as dairy, beef, sheep, turkey, chicken, egg, fish, emu, fruit or vegetable farm

☐ commercial greenhouse or nursery

☐ hauling milk or other raw agricultural products

☐ cheese plant, cannery, milk bottling plant or other food processing plant

☐ trimming and harvesting Christmas trees/ wreath making

☐ logging activities such as cutting trees/firewood, brush cutting, chipping, debarking trees, forestry or timber work, tree planting/pruning

☐ in a slaughterhouse or smokehouse

☐ replanting or restoring land used for mining or clear cutting purposes

☐ harvesting crops such as apples, grapes, hay, corn, and berries

☐ commercial fishing or fish farming

If your family qualifies for the Migrant Education Program, your child may receive **FREE** educational support services which may include free books, tutoring, summer programs, and/or resource referrals for services in your area.

Parent Name _____ Date completed _____

Address _____

Home Telephone _____ Message phone _____

Please list all children ages 0 to 22 in your household: (list additional names on bottom of form)

Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:

12/03



University of Vermont Extension and U.S. Department of Agriculture, cooperating, offer education to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status.

This page only needs to be completed if your child attends the public school.

Barre Unified Union School District
Transportation, Media Release, and Classroom Info Form

Student's Name: _____

My child resides in: _____ Barre City _____ Barre Town

As a parent or legal guardian or the student named above:

☐ I give permission for my child to go on walking field trips with her/his class.

☐ I give permission for my child to be photographed while engaged in school activities. I understand that the photos or videos may be displayed at school, without identifying name or caption, on the school website, or in the public media.

☐ I give permission for my child's school work to be published without identifying name or caption to appear on any district, school, or teacher website connected with the Barre Unified Union School District.

☐ I give permission to share my name and telephone number with parents/guardians of my child's classmates.

☐ I give permission for BUUSD or a transportation contractor on its behalf, to transport my child to and/or from school and in the case of an emergency.

It is very important that we have correct pick-up and drop-off information for every student. If you change the location of your student's pick-up or drop-off, our whole route could be affected. We use this information to determine where we can have the bus stop safely.

PLEASE PRINT ALL INFORMATION

☐ I will be accessing bus transportation for my child

☐ I will **NOT** be accessing bus transportation for my child

Name of Parent/Guardian #1: _____ Phone #: _____

Name of Parent/Guardian #2: _____ Phone #: _____

Physical Location of Home: _____

Physical Location of Secondary Home: _____

Physical Location of Childcare: _____

Physical Location of Pick-up: _____

Physical Location of Drop-Off: _____

Parent/Guardian Signature

Date

Staff use only: Teacher: _____

Start Date : _____

Please Circle One:

New Student

Returning Student

Grade: _____

Please Circle One:

PK AM session

PK PM Session

Prekindergarten Attendance Procedures

Both Barre City and Barre Town prekindergarten programs require a full-time commitment upon your acceptance of a preschool slot for your child. Programs operate for 5 half-day sessions, Monday through Friday. Please find prekindergarten attendance procedures below. This information can also be found in the Preschool Parent Handbook which is distributed upon enrollment or online at www.bcemsvt.org & www.btmesvt.org.

Attendance

We believe that attendance is directly related to school success and provides children with a sense of security through consistency. Therefore, it is our expectation that every child will attend school every day unless s/he is ill.

- For safety purposes, families should call the school by 8:00am if their child is going to be absent. If you do not contact the school, the office will verify the absence by telephone call to the home or work.
- Families of children with multiple or frequent absences can expect the following:
 - BUUSD protocol requires us to notify you by mail when your child's absences reach 5, 10, 15 or more days.
 - Parents/guardians of a child who is absent 20 days or more will be asked to attend a meeting with their child's teacher and the Early Education Coordinator to discuss if school enrollment continues to be a family priority and if yes, how to develop strategies to improve attendance.
 - Families are encouraged to contact their child's teacher or the nurse if they have a concern or need help supporting their child's attendance at school.
- The following circumstances may result in excused absences that will not be reflected in your child's attendance record:
 - Extended illness - doctor's note required, turn note in to the main office
 - Medical appointment - doctor's note required, turn note in to the main office
 - Loss in family - reach out to office staff to request assistant principal be notified to remove absence from the attendance record.
 - **Please note that family vacations, while excused by parents, still accumulate as absences in your child's attendance records.

Barre Unified Union School District
Parent/Guardian Placement Information Form
2019-2020 School Year

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____

This form is designed to provide the teaching teams and administration with family input regarding the needs of your child. It is not required. Completion of this form does not guarantee placement of a student with any particular teacher. Please do not specify the name of any particular teacher.

What are your child's greatest strengths?

What are your child's areas of need?

Describe a learning environment in which your child can be most successful.

Is there additional information you would like to share with us regarding your child's placement?

**Office staff please forward this form to the prekindergarten program.*