

STAMFORD PRESCHOOL
986 Main Road
Stamford, VT 05352



Dear Stamford Preschool Parents

- Act 166, signed into law in 2014, provides for universal access to publicly funded preschool education. This law will go into full effect in September of 2016.
- Act 166 provides 10 hours of publicly funded preschool to children who are between the ages of 3 and 5 (who are not yet in kindergarten) and are 3 by September 1, 2016.
- Act 166 provides young children in Vermont with opportunities to reach their full growth and developmental potential through voluntary universal access to high quality preschool education.

This is not a school program. Parents are responsible for registering their child with our private preschool program.

Enclosed are the necessary forms that must be filled in and returned to Stamford Preschool by May 12, 2016 in order for your child to be guaranteed a space in our private preschool program.

Registration forms may be mailed to: Stamford Preschool
986 Main Road
Stamford, VT 05352

OR

Registration forms may be dropped off at: Stamford Elementary School
986 Main Road
Stamford, VT 05352

any week day between 9:30 am and 4:00 pm.

Sincerely

Stamford Preschool Board of Directors

STAMFORD PRESCHOOL

A Private Preschool Located in Stamford, Vermont

Parent Registration Application Form

Child's Name: _____	Date of Birth: _____	Gender _____
Home Phone: _____	Primary Home Language: _____	
Mailing Address: _____	Street Address: _____	
Foster Care or Ward of State: <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, Complete State-Place Student Enrollment Questionnaire		
Child lives with: <input type="checkbox"/> Parent 1 (specify below) <input type="checkbox"/> Parent 2 (specify below) <input type="checkbox"/> Both Parents <input type="checkbox"/> Other (specify): _____		
Ethnicity _____ <i>Ethnicity/race information is required for state and federal reporting</i>		
Does your child currently attend a preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? _____		

Parent 1/Guardian: _____	Relationship to Child: _____ <i>(mother, father, aunt, etc.)</i>
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Email Address: _____
Address (if different from child): _____	
Parent 2/Guardian: _____	Relationship to Child: _____ <i>(mother, father, aunt, etc.)</i>
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Email Address: _____
Address (if different from child): _____	

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Stamford Preschool Hours Are: 12:30 pm to 3:30 pm

Children Must Be 3 Years Old on or Before September 1, 2016

Children Must Be Toilet Trained

I would like my child to attend Stamford Preschool on: (please check all that apply)

Mondays

Thursdays

Tuesdays

Fridays

Wednesdays

Please attach a copy of his/her birth certificate

Please attach a copy of his/her up-to-date immunization record

Does your child receive special education services with an IEP or One Plan? Yes No
When do you expect your child to enter Kindergarten? _____(school year)

PROOF OF RESIDENCY MAY BE REQUIRED