

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

**Act 166: Universal Prekindergarten Tuition Request Form
2021-2022 School Year**

Barre Unified Union School District
Central Vermont Supervisory Union
Harwood Unified Union School District
Lamoille South Unified Union
Lamoille North Supervisory Union

Montpelier Roxbury School District
Orange Southwest School District
Orleans Southwest Supervisory Union
Washington Central Unified Union School District
White River Valley Supervisory Union

Children must be 3, 4, or 5 years of age on or before September 1st. The child may remain enrolled at age 6, however, access to Act 166 Tuition will cease at the child's birthday. Children enrolled in Act 166 may not also be enrolled in Kindergarten.

Child's Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____ Phone: _____

Address: _____

E-mail Address: _____

☐ **I plan for my child to attend (program name):** _____

By requesting pre kindergarten tuition funds, I agree to:

- ☐ **complete the registration process with my resident school district**, which includes proof of residency and proof of age. Schools will provide up to \$3,536.00 per school year to one pre qualified private prekindergarten provider if the child's registration is complete before the start of the school year. I understand that my child's tuition will be prorated based on the date that I fully complete registration and/or update the information if my child was enrolled last year. (10 hours per week for 35 weeks).
- ☐ **follow the attendance policy** provided by the prekindergarten program and ensure that my child attends pre kindergarten consistently. I understand it is my responsibility to notify the Supervisory Union/Supervisory District if we move or if my child stops attending pre-kindergarten 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: _____