Publicly Funded Pre-Kindergarten Act 166 Application

Child’s Name: _______________________________ Date of Birth: __________________

Circle One: Male   Female   Primary Language(s) spoken: __________________________

Country of Birth: ___________________________ Date of Entry in U.S. __________________ (Month/Day/Year)

Race (Please circle): White, African American, American Indian, Asian, Native Hawaiian/Pacific Islander

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Parent/Guardian’s Name: ______________________________________________________

Address: ___________________________________________________________________

Phone:(Home)________________(Work)__________________(Cell)___________________

Email: ______________________________________________________________________

Questions for Parents/Guardians

What is the native language of each parent/guardian? __________________________________________

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? ___________________________________________

The pre-k program your child is enrolled:

Name of Program: _______________________________________________________________

Programs Address: ___________________________________________________________________

If the program is not currently a partner with the Winooski School District, we will contact them to see if they would like to partner and if they meet prequalification criteria.

*Please include a copy of your child’s birth certificate and a proof of residency (a utility bill, mortgage or lease) with your application. Children must be 3 years old by September 1st to participate.

Thank you! Please return to: Winooski School District Attn: Lauren Coppola-Dyer 60 Normand St. Winooski VT 05404. Call Maybeline Lopez 802-383-6063 with any questions.