



BELLOWS FREE ACADEMY

75 Hunt Street | Fairfax, VT 05454 | Ph 802-849-6711 | Fax 802-849-2611 | www.bfafairfax.com

Heather Baron, Middle School Principal | Elizabeth Noonan, High School Principal
Thomas J. Walsh, Elementary School Principal | Geri Witalec-Krupa, Director of Student Activities

ACT 166 STUDENT REGISTRATION 2024-2025

Use this form to request that BFA enter into an agreement with a pre-qualified community preschool provider for your three(3), four (4) or five (5) year old child not enrolled in kindergarten. To verify if a preschool program is prequalified, go to the Bright Futures Information System at www.brightfutures.dcf.state.vt.us.

The **Act 166 Funding for the 2024-2025 School year will be \$3884.00/child.** To be eligible for Act 166 funds, which are paid directly to the pre-qualified program, your child must be:

- 3 years of age by **9/1/24**
- enrolled in a pre-qualified community partner program
- attending this preschool program for 10 hours/week for 35 weeks of the school year

Contact the FWSU Act 166 Coordinator, Diana Langston, at dlangston@fwsu.org with further questions.

STUDENT INFORMATION

Student Name: _____

DOB: _____ Age: _____ Gender: _____

Is the student Hispanic or Latino Yes/No

RACE: What is the student's race: ___ American Indian or Alaska Native, ___ Asian, ___ Black or African American, ___ Native Hawaiian or other Pacific Islander, ___ White

Student Resides with: _____

Legal Town of Residence: _____

Siblings:

| Name | Grade | School Attending |
|----------|-------|------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

BOARD OF DIRECTORS

Tamara Revoir, Chair | Emily Aiken, Clerk | Jennifer Patterson | Matt Hogan | Scott Mitchell
Ella Ferrone, Student Rep | Peyton Metruk, Student Rep

PRE-QUALIFIED PROVIDER INFORMATION

Community Preschool Program Name (Student enrollment must be confirmed):

Mailing Address: _____
Start Date): _____
Days / Week Enrolled: _____
Hours/ Day Enrolled: _____
Program Director: _____
Phone: _____
Email Address: _____

PARENT/GUARDIAN INFORMATION

Contact # 1:
Name: _____
Relationship to Student: _____
Mailing Address: _____
Physical Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____

Contact # 2:
Name: _____
Relationship to Student: _____
Mailing Address: _____
Physical Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____

Contact # 3 :
Name: _____
Relationship to Student: _____
Mailing Address: _____
Physical Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____

REQUIRED DOCUMENTS

BIRTH CERTIFICATE

Please attach a copy of your child's birth certificate with this application.

VERIFICATION OF RESIDENCY (2 documents)

Please attach two forms(2) of residency with this application so that legal residency can be established. Please choose and submit two of the following:

- A letter from the Town Clerk's office indicating your actual address
- A copy of your rental agreement indicating the actual location of your residence.
- A valid driver's license showing your actual address (not a post office box or RFD address)
- A copy of a utility bill that shows your actual physical address and is dated within two months of this application.

Parent/Guardian Signature

Date

Return to: Diana Langston at dlangston@fwsu.org or mail to: Diana Langston, FWSU, 4497 Highbridge, Rd., Fairfax, VT 05454

PARENT / GUARDIAN INFORMATION

1. Please complete and return this form with all of the attachments (birth certificate and 2 proof of residency forms) to **Diana Langston:**
 - A. By mailing these documents to:
Diana Langston
FWSU
4497 Highbridge Rd.
Fairfax, VT 05454
 - B. By emailing these documents to : **dlangston@fwsu.org**
2. Act 166 funding will be confirmed once a completed registration packet with the equired documents (birth certificate and 2 proof of residency forms) is submitted.
3. Diana Langston will contact the partner program to: 1. verify prequalification status, 2. forward a FWSU agreement form
3. **If there is a change in your address** or a change in the preschool your child will be attending, please notify **Diana Langston** at **dlangston@fwsu.org**.
4. For **returning students** (those enrolled for a second year in Act 166), **submit this form only.** Returning students do **not** need to provide the attached documents (birth certificate and proof of residency) unless there is a change in your address or personal information..
5. For more information, please contact Diana Langston at **dlangston@fwsu.org**.