

WELCOME TO TWINFIELD UNION SCHOOL!

We are happy to have your Preschool student join us!

All forms in the packet are required and must be returned **before your Zoom meeting on April 13** in order to enroll your student. Please drop off at school, mail or email to:

Twinfield Union School
Att: Mary Anne Allen
106 Nasmith Brook Road
Plainfield, VT 05667

maryanne.allen@ccsvt.net

In Addition, YOU MUST ALSO PROVIDE:

- A photocopy of your child's **birth certificate**.
- A copy of your child's **current immunization record**. You can have your doctor's office fax it to us at 802-426-4085.
- Twinfield serves families within the physical boundaries of Marshfield and Plainfield. Families new to Twinfield must provide **Proof of Residency** (tax bill, lease, utility bill that includes parent name and PHYSICAL address, not just mailing address.)

Questions?

Mary Anne Allen, Registrar
426-3213 x207

Twinfield Union School

Educating Children for Our Communities and the World

106 Nasmith Brook Road Plainfield, VT 05667
802-426-3213 www.twinfield.net

March 2021

Dear Preschool Parents:

Welcome to the Twinfield Preschool Program. We offer full and/or part-time programs 4 days a week, Tuesday through Friday. You will have the option to enroll your child for fewer days; however, all children must attend a minimum of 10 hours per week. While we hope to be able to accommodate all enrollment requests, we may have more requests that we will be able to honor. In this event, the following guidelines will be applied:

- Preference for slots will be given to 4-year-old children whose paperwork was submitted by the registration deadline (March 22) and children with special needs.
- The next preference will be given to 3-year-old children whose paperwork was submitted by the registration date.
- If there are not enough slots left for all 3-year-old children, availability of slots will be determined by lottery.
- If there are still slots available after the class lists have been made with all registrants who submitted paperwork, remaining slots will be filled on a first-come, first-served basis until all slots are filled.

Preschool Screenings will be held as follows: One Zoom screening with parent on April 13 and a second in-person outdoor screening with parent and child on May 14. Mary Anne Allen, the school registrar, should have scheduled these meetings with you when you called for a registration packet. Please be in touch with her if you did not get an appointment: maryanne.allen@ccsuvt.net or 426-3213 x 207.

We will inform you of your child's enrollment as soon as possible. We look forward to meeting you and your child soon.

Stay well,

Elaina Foxx

Preschool Director and Teacher



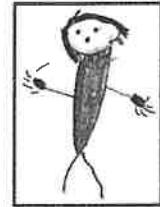
Caledonia Central Supervisory Union

Cabot School District, Twinfield School District
Danville School District, Peacham School District

Caledonia Cooperative School District
(Barnet, Walden & Waterford Schools)

PO Box 216, Danville, VT 05828
(802)684-3801x211 - Fax (802)684-1190

Ingrid Reade, Early Education Coordinator
ingrid.reade@ccsuvt.net



Act 166: Universal Prekindergarten Tuition Request Form – 2021 – 2022 Cabot School / Twinfield School

Student Name: _____
Student DOB: _____
Name of Parents / Guardian: _____
Address: _____
Home Telephone: _____ Cell Phone: _____
Email: _____

Children must be 3, 4, or 5 years of age by September 1 but 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 6th birthday.

Please check one option:

- Please consider my child for enrollment at my local public school based prekindergarten program.
- I plan to enroll my child in a **private prequalified prekindergarten program**. If you have checked here, please complete the information below.

Program Name: _____
Program Director / Owner: _____
Program Address: _____
Program Phone Number: _____
Program Email: _____

By requesting prekindergarten tuition funds, I agree to:

- Complete the registration process with my resident school district**, which includes proof of residency, proof of age, and the school's preschool registration packet. Schools will provide up to \$3,536.00 per school year to one prequalified 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 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 _____

HEALTH INFORMATION

This information is REQUIRED for the Vermont State Health Department. Please complete all questions.

Child's Name _____ Grade _____

Please circle:

My child HAS / DOES NOT have health insurance
(Information on the availability of Student Insurance Plans is available in the office.)

My child HAS / HAS NOT had a well child/adolescent exam by a medical provider in the past year

My child HAS / HAS NOT had a dental check up exam by a dentist in the past year

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

Name of Doctor _____ Dentist _____ Eye Doctor _____

Phone # _____ Phone # _____ Phone # _____

Circle all that apply: Glasses Contacts New lenses in the past year Date of last eye exam _____

Medical Issues/Problems _____ Dental Issues _____

Any Allergies YES NO If yes, explain _____

ALL CURRENT MEDICATIONS:

Taken at home: _____ Needed at School: _____

I give permission for the school nurse to give and receive health information to/from my child's:

Primary Care Physician Eye Doctor Dentist Counselor Other _____

Signature of Parent/Guardian _____ Date _____

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION

PERMISSION TO GIVE: (please circle)

TYLENOL IBUPROFEN BENADRYL COUGH DROPS OTHER _____

Signature of Parent/Guardian _____ Date _____

AUTHORIZATION FOR EMERGENCY TRANSPORTATION/TREATMENT:

Name of student: _____

In case of accident or illness, I request the school to contact me. If not able to reach me, I hereby authorize the school personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

Signature of Parent/Guardian _____ Date: _____

Caledonia Central Supervisory Union
Twinfield / Cabot Schools

Pre-School Questionnaire

HEALTH INFORMATION

Child's name: _____ Date of birth: _____

Mother's name: _____ Occupation: _____

Mother: number of years completed in school: _____

Father's name: _____ Occupation: _____

Father: number of years completed in school: _____

Physician's name / Office: _____ Phone #: _____

Dentist's name: _____ Phone #: _____

Eye Doctor's name: _____ Phone #: _____

Therapist's name: _____ Phone #: _____

Child's health history (check if yes)

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Recurrent colds, congestion | <input type="checkbox"/> Epilepsy (seizures) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Respiratory (breathing) problems | <input type="checkbox"/> Developmental delay
(in any area) |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Learning problems |
| <input type="checkbox"/> Skin problems (eg. Rashes) | <input type="checkbox"/> Blood problems (eg. Anemia) | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Other (Please explain): _____ | | |

Check the appropriate line:

Yes No

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Was your child's birth normal; that is, no problems right before or after birth? |
| _____ | _____ | 2. Was your child's birth weight above 5 ½ pounds? |
| _____ | _____ | 3. Has your child had a well child visit in the last 12 months? |
| _____ | _____ | 4. Has your child seen a dentist within the past 6 months? |
| _____ | _____ | 5. Are all immunizations up to date? |
| _____ | _____ | 6. Does your child eat well? |
| _____ | _____ | 7. Does your child sleep well? |
| _____ | _____ | 8. Do you feel your child is growing well? |
| _____ | _____ | 9. Do you feel your child's development is progressing for his / her age? |

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106 Nasmith Brook Road Plainfield, VT 05667
802-426-3213 www.twinfield.net

March 2021

Dear Preschool Parents:

Child care licensing regulations require that our preschool records include documentation from your child's age appropriate well care exam. This is only required one time upon your child's initial enrollment in the program. This documentation shall include information regarding any health conditions and medications that may impact the care of your child.

Documentation from an exam within the past year will be sufficient to meet this licensing rule. It is not required to use any particular form. This can be as simple as a one or two sentence statement by your child's doctor that includes the date of the last well care exam, any medicine or health information of which we should be aware of while caring for your child, and the doctor's signature. This statement can also be provided on the bottom of your child's immunization record from the doctor's office. If you prefer, the form on the reverse side of this letter can be given to your doctor to complete.

Please include this information with your child's completed registration packet. You may also have your doctor's office fax this information with your child's immunization records (426-4085). Please do not hesitate to contact me if you have questions.

Stay well,

Elaina Foxx

Preschool Director and Teacher
426-3213 x270
elaina.foxx@ccsuvt.net

Caledonia Central Supervisory Union Cabot/Twinfield Schools

Well Care Exam Form

This form may be used to provide documentation for compliance with Vermont's Childcare Regulation 5.1.2 which states:

Within forty-five (45) days of enrollment, the licensee shall obtain documentation of the child's age appropriate well care exam from the parent. Documentation shall include information regarding any health conditions and medications that may impact the care of the child.

NOTE: Other forms of documentation provided by your health care provider instead of this form are also acceptable if they contain the required information.

Child's Name _____

Date of Birth _____

Date of last exam _____

_____ This child has no health conditions or medications that may impact the care of this child in preschool.

_____ This child has the following health care condition or medication that may impact the care of this child in preschool. (Please specify below.)

Health Care Provider Name _____

Health Care Provider Signature _____

Date _____ Phone Number _____

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 contact Jim McCobb at (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:	



Migrant Education Program
 UVM Ext 327 US Route 302
 Barre, Vermont 05641
 (802) 476-2003 ext. 226 or
 (866)-860-1382 ext. 226

VERMONT EMPLOYMENT SURVEY

Please complete this form and return it to your school's office. All information provided is confidential. The Vermont Migrant Education Program will contact you to determine if your family is eligible. An eligible student can be of any race and/or ethnicity and speak any language. Please call if you have any questions: 866-860-1382 ext. 226

Guardian/Parent Name(s) _____ **Date** _____

Address _____ **Town** _____

Cell phone(s) _____ **Land-line** _____

Has your family moved from one town or state to another town or state in the last three years?

- No**, You do not need to complete the rest of this form. Thank you!
 Yes, If yes from where? _____ Please complete the rest of this form.
 (town, city, state, country)

In the past three years, have you or anyone in your family worked in agriculture or logging? _____
If yes, please check all that apply:

- Dairy Work;
 Hemp;
 Raising and tending to poultry including egg production;
 Raising cows, pigs and other livestock or work in a slaughterhouse or other meat processing facility;
 Planting, growing, harvesting, packing, cutting or preparing fruits, vegetables and flowers for sale;
 Working in a greenhouse or nursery (tree/plant/flower) or planting, tending or harvesting field crops;
 Working in the woods in logging, maple sugaring, planting trees, Christmas treeing, etc.;
 Working in the catching, raising, harvesting or initial processing of fish or shellfish.
 Other _____

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:

Updated on 10.17.2019



Cultivating Healthy Communities

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