

Preschool & Child Care for Your Family

Enrollment opportunities and requirements vary by child care/preschool site



**Champlain Valley Head Start provides high quality,
early child care and preschool programs
for children ages 0-5 Years.**

Applying Is Easy:

To get started, please fill out the attached application and provide verification of your income using **one** of the following documents.

- **Reach Up/RUFA documentation**
- **Supplemental Security Income (SSI) documentation**
- **Foster Care Custody Order/Agreement**
- **A copy of a pay stub, or a tax return, or W-2, unemployment check stub, or VRRP documentation**
- **A letter stating that you are homeless** (If this applies, you will receive an additional form to fill out.)

Once you have gathered the needed materials and filled out the forms, please return them to our office:

CVHS
431 Pine Street
Burlington, VT 05401

Questions?

Contact us at 651-4180, ext. 205
Or ahoulihan@cvoeo.org



A Program of Champlain Valley Office of Economic Opportunity

Family's Information

Is your family currently receiving any of the following? (check all that apply)

Reach Up SSI Child Support Social Security Benefits Unemployment Compensation

At home, our family speaks (please list primary language)*:

Housing*

Are you currently living in a shelter, sharing the housing of others, or living in a motel, car or campground?

Yes No

Does your family have stable long-term housing?

Yes No

Nutritional Programs

Does your family receive services through the 3SquaresVT program (formerly known as food stamps)?

Yes No

Does your family receive services through the WIC program?

Yes No

Parent / Guardian 1 Information

First Name

Last Name

Date of Birth

Relationship to Child:

Mother / Father Foster Mother / Father Guardian Other: _____

Gender:

Male Female

Living Address

City

State

Zip Code

Mailing Address (if different)

City

State

Zip Code

Phone #1: _____

Type of Phone: Home Cell Work Message

Phone #2: _____

Type of Phone: Home Cell Work Message

Phone #3: _____

Type of Phone: Home Cell Work Message

Phone #4: _____

Type of Phone: Home Cell Work Message

Email:

Directions to home:

Employment

U.S. Military Status:

- I am currently a member of the U.S. Military
 I am a former member of the U.S. Military (Veteran)
 I am not/have never been a member of the U.S. Military

Education*

Job Training / School Status:

- Not in job training or school
 In job training (please provide the name of the program): _____
 In school (please provide the name of the school or learning program): _____

Employment Status:

- Employed – Full-time
 Employed – Part-time
 Employed – Seasonal
 Unemployed
 Retired
 Disabled

Education Level:

- Less than high school graduate
 High school graduate or GED
 Some college, vocational school, or Associate's Degree
 Bachelor's Degree or advanced degree

Language / Cultural Information*

The language(s) that I speak is(are):

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Kirundi |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Mai Mai |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> French | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Karen | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Other: _____ |

If English is not your primary language, please mark the choice below that best describes your interpretative needs:

- I do not need an interpreter
 I would like an interpreter to help complete paperwork only
 I would like an interpreter for most/all communication

Were you born in the U.S.?

Yes No

Are you a current or former refugee?

Yes No

Person #2	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #3	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #4	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #5	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #6	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #7	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Person #8	
Name:	Relationship to Child: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	

Eligibility*

Please answer the following questions. If you answer "Yes" to any of the questions, your family may be eligible to receive Head Start services.

Is this child currently in foster care (in the custody of the State of Vermont)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your family currently homeless (Staying in a shelter, hotel, car, campground, transitional housing unit, or sharing the housing of others due to loss of housing or economic hardship)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your family <u>currently</u> receiving Reach Up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your family <u>currently</u> receiving Supplemental Security Income (SSI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Income*

If you answered "No" to all of the questions above, please complete the following section. For each type of income that your family received within the last 12 months, you will need to supply documentation.

Parent/Guardian 1 Name: _____

Yes	No	Type of Income	Have you received this income for all of the last 12 months?		Gross Amount (before taxes)	How often do you receive this income? (annually, monthly, two times a month, every two weeks, weekly)
			Yes	No (# of Months)		
<input type="checkbox"/>	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Reach Up (not currently receiving)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Scholarships/Educational Grants	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefit	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 1)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 2)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 3)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____

Parent/Guardian 2 Name (if living in the household): _____

Yes	No	Type of Income	Have you received this income for all of the last 12 months?		Gross Amount (before taxes)	How often do you receive this income? (annually, monthly, two times a month, every two weeks, weekly)
			Yes	No (# of Months)		
<input type="checkbox"/>	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Reach Up (not current receiving)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Scholarships/Educational Grants	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefit	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 1)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 2)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wages (Job 3)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	_____

Comments

Please use this space to tell us anything that you would like us to know about your child or family.

Outreach

Where did you hear about Champlain Valley Head Start? (Please check one)

- Poster / Brochure
- Friend / Family Member
- CVHS Teacher / Home Visitor
- CVHS Collaborative Partner
- DCF (Family Services Division)
- Newspaper/Magazine Ad (please specify): _____
- Service Provider [such as VNA, WIC] (please specify): _____
- Other (please specify): _____

Parent / Guardian Signature

This application signifies the family's desire to enroll the child in the Early Head Start or Head Start program. Following completion of this application, the application will be processed and Champlain Valley Head Start will notify the family as to whether the child has been enrolled in the program, and the starting date for services.

By signing below, I, the parent/guardian, indicate that:

- I intend to enroll my child in Early Head Start or Head Start if my child is accepted into the program.
- I agree to comply with the rules and regulations of the program.
- I certify that the information I have provided on and in support of this application is accurate and truthful to the best of my knowledge. I understand that intentionally providing false, inaccurate, or incomplete information may result in a loss of my family's eligibility to participate in the program.
- I consent to have my child participate in all health and developmental screenings or non-invasive exams (including, but not limited to: hearing and vision screenings, heights and weights, visual oral health screening) conducted by Champlain Valley Head Start staff, consultants, collaborative partners or others working in conjunction with Champlain Valley Head Start, to help assure compliance with all federal and state regulations. All screening and exam results and recommendations will be shared with me by the program.
- I consent to have my child receive his/her special education and/or mental health services, as outlined in his/her IEP, IFSP/One Plan, and/or treatment plan, during Head Start classroom time. I understand that these services may be provided by special educators, including speech/language pathologists, occupational therapists, physical therapists, and individual assistants, or early childhood mental health professionals and may take place outside of the classroom.
- I understand that the Head Start program utilizes the services of early childhood mental health consultants in order to better provide quality education services by increasing the social and emotional well-being of children. I consent to have my child participate in the services provided by the early childhood mental health consultants. The program will notify me in advance of any services provided individually to my child.

Parent / Guardian Signature: _____ Date: _____

Release of Information

Head Start and Early Head Start (HS/EHS) are national programs. Federal regulations require that we obtain certain information in order to determine eligibility for the program and to provide services. In order to best serve your child and family, we sometimes need to share information, in verbal, written, or electronic format, with other agencies. Except as allowed in this authorization and release, Champlain Valley Head Start will not communicate or disseminate any confidential child or family information to organizations or entities outside the organization.

By signing this release, I authorize Champlain Valley Head Start to exchange information with, release information to, and/or obtain information from, the following organizations (you must check all boxes that apply if you would like us to be able to speak/share information with these organizations):

- The local school district and/or CIS agency responsible for comprehensive evaluation and development of an IFSP or IEP (if needed) for the purpose of:
 - Obtaining documentation of my child's comprehensive evaluation and/or IFSP or IEP in order to provide individualized education services to my child
 - Coordinating educational services for my child
- The local District Office of the Economic Services Division that administers TANF (Reach Up) benefits for the purpose of:
 - Obtaining TANF documentation to determine eligibility for the Head Start program
 - Coordinating the family goal setting process
 - Contacting my family if direct communication methods fail
- The local Community Care Support Agency that administers the Child Care Financial Assistance program for the purpose of:
 - Obtaining Child Care Financial Assistance documentation to determine eligibility for specific Head Start program options.
 - Coordinating the enrollment of my child in Head Start and/or its collaborative partner sites
- The local District Office of the Family Services Division for the purpose of:
 - Obtaining documentation to determine eligibility for the Head Start program
 - Coordinating family safety/support services
- Other (please specify): _____

Authorized Representative

If you would like to give permission to someone to speak with us on your behalf, please fill out this section.

By filling out the Authorized Representative section and signing below you agree to the following:

- I understand that I am not required to have an Authorized Representative
- I give CVHS and the Authorized Representative permission to communicate with each other and share information about my family and myself for the purposes of applying for the Head Start program and coordinating services for my family.
- I may revoke this authorization at any time by calling (802) 651-4180 x204 and informing the Enrollment Manager that I am revoking this authorization.

Name of Authorized Representative:	Representative's Phone Number:
Authorized Representative's Relationship to You:	Authorized Representative's Organization Name (if applicable):

Use of Photographs / Video

I give my permission to Champlain Valley Head Start or its funders / partners to use photos and/or video of my child and/or family with the understanding that my child/family will not be identified by name. Photos or video may be used in newsletters, websites, brochures or other recruitment / outreach / promotional materials or reports.

Child's Information

Child's Legal Name:	Child's Date of Birth:
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Parent/ Legal Guardian's Name (Printed): _____

Parent / Legal Guardian's Signature: _____ Date: _____

Release of Health and Screening Information

Head Start and Early Head Start (HS/EHS) are national programs. Federal regulations require that these programs obtain documentation to facilitate up to date health requirements for children and pregnant women and any follow up care needed.

Except as allowed in this authorization and release, CVHS will not communicate or disseminate any confidential child or family information to organizations or entities outside of CVHS.

I hereby authorize Champlain Valley Head Start to:

1. Obtain the following information from health care providers and state registries for the below named child/pregnant woman:
 - medical and dental records (including follow-up care with specialists)
 - lead and hemoglobin test results
 - immunization records
 - developmental screening results
 - prenatal and postpartum documentation for pregnant women enrolled in EHS

The above information may be either electronic, written or verbal and will be released to:
CVHS Health or Special Needs Coordinator, Nurse Consultant or Tooth Tutor
431 Pine Street, Suite 212, Burlington, VT 05401
(802) 651-4180 X215

2. Share results of my child's Head Start vision, hearing, oral health, and developmental screenings with my child's health care providers and/or state registries.
3. Share my child's enrollment and oral health status with WIC and its Public Health Dental Hygienists. If my child is transitioning to public school: share my child's oral health status with the public school Tooth Tutor.

I acknowledge that:

- I may revoke this consent at any time (by contacting CVHS at the address or telephone number above) except to the extent that action has been taken in reliance on it before I revoked it.
- This consent will expire on December 31, 2018.

Authorization is for the following child or pregnant woman:

_____ (Child's Legal Name or Pregnant Woman's Legal Name)

_____ (Child's or Pregnant Woman's DOB)

I am the: Parent Legal Guardian DCF Authorized Representative: of the above-named child;

Or

Pregnant Woman

Printed Name: _____

Signature: _____ Date: _____

Child's Health Information

Child's Legal Name	Date of Birth
Does your child have a doctor? <input type="checkbox"/> No <input type="checkbox"/> Yes, Doctor's Name: _____	Phone
Does your child have a dentist? * <input type="checkbox"/> No <input type="checkbox"/> Yes, Dentist's Name: _____	Phone
Does your child have any health conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____	Symptoms
Does your child take any medications? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____	Medication needed on site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies (including medications, food, bee stings, etc.)? <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Yes, please list: _____	Symptoms

Permission to Pick Up / Permission to Transport

By signing on the Parent/Guardian signature line below, I give my permission for my child to be transported in the event of an emergency. Additionally, I give my permission for my child to be released to the following people for the purposes of pick-up and/or transportation to/from CVHS activity sites. (Include the child's other parent and other family members who may be likely to transport the child.) The parent/guardian understands that his/her child will only be released to persons identified on the following list. Anyone who is unknown to CVHS staff must show identification. I give my permission for my child to be transported to and from CVHS activities by any transportation service with whom CVHS may contract for transportation of children in the CVHS program, and to release the name and address of my child to transportation services contracted by CVHS for the purpose of CVHS activities.

In the event of an emergency, I authorize the staff or collaborative partners of Champlain Valley Head Start to seek any necessary treatment or emergency medical care for my child.

Emergency Contacts: *Vermont State Early Childhood Program Licensing Regulations require that at least two (2) emergency contacts, other than the legal parent(s)/guardian(s), be identified.* Emergency Contact People must be able to transport the child in the event of an emergency if the CVHS parent or legal guardian cannot be reached. Emergency contacts must be aware they are designated as such. Emergency contacts unknown to CVHS staff must produce identification before a child is released.

Primary Parent/Guardian Name	First Phone #	Second Phone #
Secondary Parent/Guardian Name	First Phone #	Second Phone #

Emergency Contact #1		Emergency Contact #2		Emergency Contact #3	
Name		Name		Name	
Relationship to Child		Relationship to Child		Relationship to Child	
Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Other people authorized to pick up my child are:

Name	Name	Name
Relationship to Child	Relationship to Child	Relationship to Child

Parent / Guardian Signature: _____ **Date:** _____

Champlain Valley Head Start Program Options List 2017 - 2018 (Updated 1-20-17)		Choice	HS or EHS	Town	Days	Times	Session Year	Town Resident	Site Approval	Site Application	Site Visit	Child Care Financial Assistance
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Addison County (802) 388-9881 10 Merchants Row Suite 207, Middlebury, VT 05753												
Addison County Parent Child Center: 126 Monroe Street	EHS	Middlebury	Mon-Fri	8:00am-4:00pm	Full Year	NO	YES	YES	YES	YES	YES	YES
College Street Center: 228 College Street	EHS	Middlebury	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES	YES	YES
Mary Hogan School: 201 Mary Hogan Drive	HS	Middlebury	Tues-Fri	8:15am-12:15pm	Sept - May	NO	NO	NO	NO	NO	NO	NO
Mary Johnson Children's Center: 81 Water Street	HS	Middlebury	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES	YES	YES

Chittenden County (802) 872-2819 4 Kellogg Road, Essex Jct., VT 05452												
Home-Based (Early Head Start): Throughout Chittenden County	EHS	All Towns	1 Visit/Wk	N/A	Full Year	N/A	YES	N/A	N/A	N/A	N/A	N/A
Burlington Children's Space: 241 N. Winooski Ave.	EHS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES	YES	YES
Burlington Children's Space: 241 N. Winooski Ave.	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES	YES	YES
Flynn Elementary School (Full School Day): 1645 North Ave.	HS	Burlington	Mon-Fri	8:10am-2:50pm	Sept-June	YES	NO	NO	NO	NO	NO	NO
Flynn Elementary School Afternoon: 1645 North Ave.	HS	Burlington	Mon-Tu-Th-Fri	11:30am-3:00pm	Sept - June	YES	NO	NO	NO	NO	NO	NO
Franklin Square Classroom: 1554 North Ave.	HS	Burlington	Mon-Fri	8:30am-12:30pm	Sept - June	YES	NO	NO	NO	NO	NO	NO
Ira Allen Burlington School Afternoon: 150 Colchester Ave.	HS	Burlington	Mon-Th	9:00am-12:30pm	Sept - June	YES	YES	NO	NO	NO	NO	NO
Ira Allen Burlington School Morning: 150 Colchester Ave.	HS	Burlington	Mon-Th	12:00pm-3:30pm	Sept - June	YES	YES	NO	NO	NO	NO	NO
King Street Center: 87 King Street	EHS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	YES	YES	NO	YES	YES	YES	YES
King Street Center: 87 King Street	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	YES	YES	NO	YES	YES	YES	YES
Robin's Nest Children's Center: 20 Allen Street	HS	Burlington	Mon-Fri	7:30am-6:00pm	Full Year	NO	YES	YES	YES	YES	YES	YES
Sara Holbrook Community Center: 66 North Ave.	HS	Burlington	Mon-Fri	8:30am-12:30pm	Sept - June	YES	YES	NO	YES	YES	YES	YES
Sustainability Academy: 123 North St.	HS	Burlington	Mon-Th	11:30am-3:00pm	Sept - June	YES	NO	NO	NO	NO	NO	NO
Trinity Children's Center: 34 Fletcher Place	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES	YES	YES
Malletts Bay School Morning: 609 Blakely Road	HS	Colchester	Tues-Fri	8:30am-12:00pm	Sept - June	YES	NO	NO	NO	NO	NO	NO
Malletts Bay School Afternoon: 609 Blakely Road	HS	Colchester	Tues-Fri	12:30am-4:00pm	Sept - June	YES	NO	NO	NO	NO	NO	NO
Essex Elementary School: 1 Bixby Hill Road	HS	Essex Town	Tues-Fri	8:30am-12:00pm	Sept - June	YES	YES	NO	NO	NO	NO	NO
Milton Elementary School: 42 Herrick Avenue	HS	Milton	Mon-Fri	8:45am-3:15pm	Sept - June	YES	NO	NO	NO	NO	NO	NO
JFK Elementary School ELC Morning: 70 Normand Street	HS	Winooski	Mon-Fri	7:30am-11:00am	Sept - June	YES	NO	NO	NO	NO	NO	NO
JFK Elementary School ELC Afternoon: 70 Normand Street	HS	Winooski	Mon-Fri	11:30am-3:00pm	Sept - June	YES	NO	NO	NO	NO	NO	NO
JFK Elementary School Morning: 70 Normand Street	HS	Winooski	Mon-Th	7:30am-11:00am	Sept - June	YES	YES	NO	NO	NO	NO	NO
JFK Elementary School Afternoon: 70 Normand Street	HS	Winooski	Mon-Th	11:30am-3:00pm	Sept - June	YES	YES	NO	NO	NO	NO	NO

Franklin & Grand Isle Counties (802) 524-5876 5 Lemnah Drive, St. Albans, VT 05478												
Home-Based (Early Head Start): Throughout Franklin County	EHS	All Towns	1 Visit/Wk	N/A	Full Year	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Home-Based (Head Start): Throughout Franklin & Grand Isle Counties	HS	All Towns	1 Visit/Wk	N/A	Sept - May	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Richford Elementary School: 1 Elementary School Road	HS	Richford	Mon-Fri	11:15am-2:45pm	Sept - June	YES	NO	NO	NO	NO	NO	NO
St. Albans Early Learning Center: 27 Church Street	HS	St. Albans City	Mon-Fri	8:30am-2:30pm	Sept - June	NO	NO	NO	NO	NO	NO	NO
YMCA Early Childhood Program at St. Albans: 75 Lower Weldon St.	EHS	St. Albans	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES	YES	YES
Champlain Islands PCC: 114 South Street	EHS	South Hero	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES	YES	YES
Champlain Islands PCC: 114 South Street	HS	South Hero	Mon-Fri	7:00am-5:30pm	Full Year	NO	YES	YES	YES	YES	YES	YES
Swanton Early Learning Center: 45 Church Street	HS	Swanton	Mon-Fri	8:30am-2:30pm	Sept - June	NO	NO	NO	NO	NO	NO	NO

Please use the Choice # column to select your 1st, 2nd, and 3rd choice options by indicating 1, 2, and 3 in the appropriate selection box.
We will make every attempt to place your child within your preferred option based on program availability, eligibility, and selection criteria.