



# BELLOWS FREE ACADEMY

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

Elizabeth Noonan, High School Principal  
Justin Brown- Middle School Principal  
Thomas Walsh, Elementary Principal  
Geri Witalec-Krupa , Director of Student Activities  
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## ACT 166 STUDENT REGISTRATION 2023-2024

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](http://www.brightfutures.dcf.state.vt.us).

The **Act 166 Funding for the 2023-2024 School year will be \$3764.00/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 **9/1/23**
- 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](mailto: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.	_____	_____	_____

***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: \_\_\_\_\_

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***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.

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Parent/Guardian Signature

Date

*Return to: Diana Langston at [dlangston@fwsu.org](mailto: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](mailto:dlangston@fwsu.org)
2. A completed registration packet with required documents ( birth certificate and 2 proof of residency forms) must be submitted before Act 166 funding can be confirmed.
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](mailto: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](mailto:dlangston@fwsu.org).