



*"Every student will excel, both personally and for the benefit of humanity."*

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## Prior Care Information

Dear Parent/Guardian,

We would like to have the most complete information about the children enrolling in our kindergarten and early childhood programs. Please complete the following information about your child. Thank you!

School District and School: \_\_\_\_\_

Child's Name (first, middle, last): \_\_\_\_\_

PLEASE PRINT

Child's Date of Birth: \_\_\_\_\_

What was your child's primary form of care in the last year? (Check up to 3 relevant choices). If the child was primarily at home during the last year, please check **No Prior Care**.

- ☐ **Great Start Readiness Program (GSRP)** (State funded program age 4 by Sept 1st)
- ☐ **Head Start** (Federally funded program ages 3 & 4)
- ☐ **Early Childhood Special Education Classroom** (School based preschool for special needs students with an IEP)
- ☐ **Young Fives/Developmental Kindergarten** (Plan is for child to attend regular Kindergarten next year)
- ☐ **Child Care-Home Based** (Operated out of a private home)
- ☐ **Private Child Care Center** (Commercial business that may be independent or part of a chain)
- ☐ **Registered Family/Relative Child Care** (Family/relative care provider receiving state assistance to provide care)
- ☐ **Tuition-Based Preschool** (Full or half day of instruction and learning)
- ☐ **No Prior Care Program** (Stay at home for care)
- ☐ **Kindergarten** (Child has been retained for a second year of kindergarten)

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\*\*\*OFFICE USE ONLY\*\*\*

Homeroom Teacher (2022/2023) \_\_\_\_\_