

# Preschool Experience

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

## Prior School Experience:

- Great Start Readiness Program (GSRP) (State funded program age 4 by Sept 1<sup>st</sup>)
- Head Start (Federally funded program ages 3 and 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 or relative care provider receiving state assistance to provide care)
- Tuition-Based Preschool (Full or half day of instruction and learning)
- Kindergarten (Child has been retained for a second year of Kindergarten)
- No Prior Care Program (Stay at home for care)
- Name/location of Program (if applicable) \_\_\_\_\_