

Participation in Early Childhood Program Children age 3-5

Complete this form if your child participates in an Early Childhood Program

Step 1: Child Information

Last Name: _____

First Name: _____

Date of Birth: _____

KIDS ID number: _____

Step 2: Identify Program

Please mark the type(s) of Early Childhood Program your child participates in:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | - Head Start program; (Name / Address) _____ |
| <input type="checkbox"/> | - Community based or private preschools, (Name / Address) _____ |
| <input type="checkbox"/> | - Group child care facilities, (Name / Address) _____ |
| <input type="checkbox"/> | - 4-year old at risk programs, (Name / Address) _____ |
| <input type="checkbox"/> | - Other district administered preschool classes offered to eligible pre-kindergarten children by the public school system (Name / Address) _____ |

Note: A child's attendance at a "Baby Sitter's" does not apply to this form

Step 3: Record Time

How many minutes per day does / will your child participate in an Early Childhood Program (without special education services) for the duration of the current school year?

Monday	Tuesday	Wednesday	Thursday	Friday

Step 4: Record Time

How many minutes per day does / will your child participate in an Early Childhood Program (without special education services) for the next school year?

Monday	Tuesday	Wednesday	Thursday	Friday

Parent
Date