

Pre-Kindergarten Experience

Name of Student:

Date of Birth

Sex: F M

Parent/Guardian 1 Name

Custodial Parent? Y N

Parent/Guardian 2 Name

Custodial Parent? Y N

Please indicate all pre-school experiences your child has participated in that were at least 10 consecutive months in length at one program.

Please indicate start and end dates of pre-kindergarten experience

Start dates--month, day, year

End dates--month, day, year

- No Pre-Kindergarten Experience
- Plainfield School Readiness Children Program (full day/full year)
 - Yes No
- She Prekindergarten half day school year Program
 - Yes No
- Head Start Preschool Program (name of facility/location)
 - - Half Day Full Day 2 Days 3 Days 5 Days
- Nursery School Preschool (name of facility/location)
 - - Half Day Full Day 2 Days 3 Days 5 Days
- Licensed Daycare (name of provider/location)
 - - Half Day Full Day 2 Days 3 Days 5 Days
- FRC Playgroups
 - Yes No
- Other (name of facility/location)
 - - Half Day Full Day 2 Days 3 Days 5 Days