

2019 - 2020 Incoming Kindergarteners Early Childhood Experiences

Please help us understand the details of your child's experiences by answering as completely as possible.

Child's Last Name: _____ Child's First Name: _____

Child's Date of Birth: _____ Child's Elementary School: _____

1 Over the last year, did your child attend daycare or preschool, or spend 5 or more hours being cared for outside of your home? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Northfield Montessori |
| <input type="checkbox"/> Yes, In-home licensed childcare provider | <input type="checkbox"/> 5 - 20 hours per week |
| <input type="checkbox"/> 5 - 20 hours per week | <input type="checkbox"/> 21 or more hours per week |
| <input type="checkbox"/> 21 or more hours per week | <input type="checkbox"/> Yes, Northfield Nursery School |
| <input type="checkbox"/> Yes, family, friend, or neighbor/non-licensed provider (examples: grandma, sister, etc) | <input type="checkbox"/> 5 - 20 hours per week |
| <input type="checkbox"/> 5 - 20 hours per week | <input type="checkbox"/> 21 or more hours per week |
| <input type="checkbox"/> 21 or more hours per week | <input type="checkbox"/> Yes, Open Door Preschool |
| <input type="checkbox"/> Yes, Anna's Banana's | <input type="checkbox"/> 5 - 20 hours per week |
| <input type="checkbox"/> 5 - 20 hours per week | <input type="checkbox"/> 21 or more hours per week |
| <input type="checkbox"/> 21 or more hours per week | <input type="checkbox"/> Yes, St. Dominic Preschool |
| <input type="checkbox"/> Yes, EarlyVentures Childcare | <input type="checkbox"/> 5 - 20 hours per week |
| <input type="checkbox"/> 5 - 20 hours per week | <input type="checkbox"/> 21 or more hours per week |
| <input type="checkbox"/> 21 or more hours per week | <input type="checkbox"/> Yes, other. Please write in: |
| <input type="checkbox"/> Yes, Hand in Hand Preschool | _____ |
| <input type="checkbox"/> 5 - 20 hours per week | <input type="checkbox"/> 5 - 20 hours per week |
| <input type="checkbox"/> 21 or more hours per week | <input type="checkbox"/> 21 or more hours per week |
| <input type="checkbox"/> Yes, Head Start | |
| <input type="checkbox"/> 5 - 20 hours per week | |
| <input type="checkbox"/> 21 or more hours per week | |
| <input type="checkbox"/> Yes, Montessori Children's House | |
| <input type="checkbox"/> 5 - 20 hours per week | |
| <input type="checkbox"/> 21 or more hours per week | |

2 If your child did not attend daycare or preschool, indicate reason(s) from list below. Check all that apply.

- ☐ Timing
- ☐ Transportation
- ☐ Did not know about it
- ☐ Not interested
- ☐ Was too expensive
- ☐ Could not find information in my language
- ☐ Didn't need it

3 Did your child attend any of the following community programming in the last year? (Examples: YMCA, ECFE, library storytime, Community Education classes, dance or music classes, faith community programming, Sunday School, sports programs, swimming lessons.)

- ☐ YES
- ☐ NO

4 Does your child see a physician in this community?

- ☐ YES
- ☐ NO

5 Has your child seen a dentist?

- ☐ YES
- ☐ NO