

2026–2027 Incoming Kindergartners 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 How has your child been cared for since September 2025? Please check all that apply.

- ☐ In your home, by parent(s)
- ☐ In-home licensed childcare provider
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Care provided by a family, friend, or neighbor/non-licensed provider (examples: grandma, sister, etc)
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Anna's Bananas
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Early Ventures Childcare
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Hand in Hand Preschool
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Head Start
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Little Village Early Learning Center
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Montessori Children's House
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Northfield Daycare Center
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Northfield Montessori
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Northfield Nursery School
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Open Door Preschool
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ St. Dominic Preschool
 - ☐ 5–20 hours per week
 - ☐ 21 or more hours per week
- ☐ Other. Please write in: _____

- ☐ 5–20 hours per week
- ☐ 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
- ☐ Other Please write in: _____

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 Has your child seen a physician in the past year?

- ☐ YES
- ☐ NO

5 Has your child seen a dentist in the past year?

- ☐ YES
- ☐ NO