

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: _____

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

5–20 hours per week
 21 or more hours per week