

Dear **FUTURE** Addison School District 4 Kindergarten Parents:

Spring 2019

To assist with our programming for students at the 3-5 year old level, we are surveying our future Kindergarten parents on participation with early learning experiences. We hope to use this information to help develop programs for students next year and in the future. We would like your participation in this survey. When complete, turn the survey in at the Registration Table. We thank you in advance for your assistance!

Name of Child: \_\_\_\_\_

School: \_\_\_\_\_

What Early Childhood care and Preschool education experiences has your future Kindergarten child had?

**Early Childhood Care Experiences (Circle one or more)---birth to three years of age**

Stay at home Parent   Babysitter/Nanny in home   Relative or Family Care   Center Care   In-Home Child Care

**If In-Home or Center Child Care was used, where?**

Prevention Initiative (ACC)   Early Head Start (ACC)   KinderCare   Little Wonder’s Child Care

Playing Hands Child Care   Casa Hernandez Day Care   Little Prince Day Care Center   Happy Faces Child Care

Carol’s Learning Academy   Little Rascals Child Care   La Pinata Child Care

Other Private Day Care or In-Home Day Care: \_\_\_\_\_

**Preschool Experience (Circle one or more)---3 to 5 years of age**

Preschool for All (ELC)   Early Childhood (ELC)   Preschool Expansion (AT or ELC)   Headstart (Army Trail)

Park District Preschool   KinderCare Preschool   Sunrise Montessori Academy

Other Preschool: \_\_\_\_\_

No Preschool Experience

**Other:**

**Did you participate in any Home Visiting Programs (Parents as Teachers, Early Headstart)      Yes or No**

**Did you receive any Early Intervention Services (Child and Family Connections-CFC)      Yes or No**

**Did you receive any private therapy (OT, PT, or Speech)      Yes or No**

**Have you participated in any programs by the Addison Public Library?      Yes or No**

**Within the past 12 months, did you worry whether your food would run out before you got money to buy more?      Yes or No**

**Within the past 12 months, the food you bought just didn’t last and we didn’t have money to get more?      Yes or No**

**Do you use a local doctor? Yes or No If yes, who? \_\_\_\_\_**

**Do you use a local dentist? Yes or No If yes, who? \_\_\_\_\_**

**THANK YOU!!**