

FOR STUDENTS ENROLLING IN KINDERGARTEN ONLY

PLEASE CHOOSE THE DESCRIPTION THAT BEST APPLIES TO YOUR CHILD'S EXPERIENCE PRIOR TO ENROLLING IN KINDERGARTEN.

Student Name _____ School _____

PLEASE CHOOSE ONLY ONE.

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| <u> </u>
C | Title I PreK | A federal funded PK program serving 3 & 4 year olds who live in Title I attendance zones and are educationally disadvantaged. |
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D | PK Disabilities | A program supported through the FEFP for PK children with disabilities. |
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F | PK Fee for Service | A PK program operated by a local school district in which parents pay tuition. |
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H | Head Start | Federal funded PK program for 3 & 4 year olds who meet income eligibility requirements; program may be operated by school district or community agency. |
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M | Migrant PK | Federal or state funded PK program for eligible 3 & 4 year olds of migratory agricultural or fishing laborers. |
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N | NONE | Child did NOT participate in PK programs. |
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P | Private PK | Child care in a licensed or registered facility or day care home for which the family paid the total costs. |
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V | Voluntary PK (VPK) | A PK education program delivered by a public school for eligible children who have attained the age of 4 either on or before September 1 of the school year in which the child is eligible to attend |

Name of Pre-K Center: _____