

Elementary • kindergarten registration

Student _____

Parent _____

Date _____

Please indicate your child's current (within the past six months) preschool experience:

- ___ (21) Virginia Preschool Initiative (circle location: Beulah, Bensley, Davis, Falling Creek, Harrowgate, Providence, Reams)
- ___ (22) Title I preschool (circle location: Bellwood, Chalkley, Davis, Ettrick, Falling Creek, Reams)
- ___ (23) Head Start preschool (circle location: Bellwood, Bensley, Chalkley, Marguerite Christian, Ettrick, Falling Creek, Harrowgate, Hopkins)
- ___ (30) Coordinated Preschool Special Education Program (part of day in Special Education AND part of day in VPI, Title I, Head Start or day care with private provider)
- ___ (31) Preschool Special Education Program (Speech or Early Childhood Special Education ONLY)
- ___ (40) Preschool operated by U.S. government (Department of Defense, etc.) and tuition charged to parents
- ___ (50) Commercial or church-run day care/preschool program, private provider
Name of day care or preschool attended _____
- ___ (51) Licensed home day-care provider
- ___ (60) Private unlicensed in-home caregiver or no program
- ___ (61) Other — please describe _____

How much time each week was your child in the above program?

- ___ (0) no time in formal program
- ___ (1) less than 15 hours per week
- ___ (15) 15-30 hours per week
- ___ (30) 30 or more hours per week