Participation in Early Childhood Program
Children age 3-5

Complete this form if your child participates in an Early Childhood Program

Step 1: Child Information

Last Name:________________________________________________________________________

First Name:________________________________________________________________________

Date of Birth:_______________________________________________________________________

KIDS ID number:___________________________________________________________________

Step 2: Identify Program

Please mark the type(s) of Early Childhood Program your child participates in:

☐ - Head Start program;
☐ - Kindergarten;
☐ - Community based or private preschools,
☐ - Group child care facilities,
☐ - 4-year old at risk programs, 
☐ - Other district administered preschool 
  classes offered to eligible pre-kindergarten 
  children by the public school system

Note: A child’s attendance at a “Baby Sitter’s” does not apply to this form

Step 3: Record Time

How many minutes per day does / will your child participate in an Early Childhood 
Program (without special education services) for the duration of the current school year?

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</table>

Step 4: Record Time

How many minutes per day does / will your child participate in an Early Childhood 
Program (without special education services) for the next school year?

<table>
<thead>
<tr>
<th>Monday</th>
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Parent ___________________________ Date ___________________________