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; (Name / Address)__________________________________________
- Community based or private preschools, (Name / Address)________________________
- Group child care facilities, (Name / Address)____________________________________
- 4-year old at risk programs, (Name / Address)___________________________________
- Other district administered preschool classes offered to eligible pre-kindergarten children by the public school system (Name / Address)__________________________________________

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>
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<th>Monday</th>
<th>Tuesday</th>
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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>
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Parent Date

Rev. 07/01/2021