



## Kindergarten Enrollment Questionnaire

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's DOB

What type of preschool did your child attend most often in the past 12 months? Please select the one that applies to you:

- None/Stayed Home
- Friends/Family/Neighbor Care
- Provided by CCSD
- Head Start
- Provided by a private Child Care facility/Day Care center
- Provided by a Home-Based/Family Care Center (care provided in someone else's home)
- Provided by/at a University/College Campus



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