

Incoming Kindergarten Survey



Child's name _____

Birthdate _____

1. Has your child had any previous preschool experience? YES NO
2. If yes, please list where your child attended and the type of program it was.

€ GSRP full day at Lathers

€ GSRP half day at Lathers

€ Children's Corner at Lathers 2 days

€ Children's Corner at Lathers 3 days

€ Child care & preschool combination

€ Head Start at Lathers

€ GSRP at other location

Where? _____

€ Head Start at other location

Where? _____

€ Other preschool experience

Where? _____