



**School Staff: Please Complete This Section**

Borough  District  School  Name of School \_\_\_\_\_

Date of Birth (Month/Day/Year)  Gender  NYC Student Identification Number

Student Name: Last, First, Middle Initial \_\_\_\_\_

Pre-Reg Date (Month/Day/Year)  Date Entered in ATS (Month/Day/Year)

**Parent/Guardian: Please Complete This Section**

Please answer **both** questions (1) and (2). Please read them before you respond.

**Question 1:**

<b>What kind of care or early education did your child receive during the year before kindergarten?</b>			
Check <input checked="" type="checkbox"/> all that apply			Office Use Only
<input type="checkbox"/>	A	My child was cared for only in a home setting (either by me, by another family member, or by a non-relative such as a babysitter or nanny).	ATS: J
<input type="checkbox"/>	B	My child was in a Pre-Kindergarten setting that I paid for (for example, a community center, day care center, licensed family day care setting, parochial school, etc.).	ATS: K
<input type="checkbox"/>	C	A combination of A and B.	ATS: L
<input type="checkbox"/>	D	I lived outside of NYC the year before Kindergarten.	ATS: M
<input type="checkbox"/>	E	Free, DOE-Funded Pre-Kindergarten.	ATS: N

**Question 2:**

<b>What is the main reason you did not enroll your child in a free pre-k program the year prior to kindergarten?</b>			
Check <input checked="" type="checkbox"/> all that apply			Office Use Only
<input type="checkbox"/>	A	I did not know about free Pre-Kindergarten.	ATS: J
<input type="checkbox"/>	B	The application process for free Pre-Kindergarten was too difficult.	ATS: K
<input type="checkbox"/>	C	There were no free Pre-Kindergarten options in my neighborhood.	ATS: L
<input type="checkbox"/>	D	I applied for free Pre-Kindergarten but my child did not get admitted in the program that was my top choice.	ATS: M
<input type="checkbox"/>	E	The free Pre-Kindergarten programs available for my child were half-day and I needed a full-day program.	ATS: N
<input type="checkbox"/>	F	The free pre-Kindergarten programs available for my child were full-day and I needed a half-day program.	ATS: P
<input type="checkbox"/>	G	I wanted to keep my child at home.	ATS: Q
<input type="checkbox"/>	H	I preferred to keep my child in the same educational setting as the year before pre-kindergarten.	ATS: R
<input type="checkbox"/>	I	None of the above.	ATS: S
<input type="checkbox"/>	J	I had concerns about the quality of DOE-funded Pre-kindergarten available to me.	ATS: T
<input type="checkbox"/>	K	Pre-kindergarten services were not available at my zoned District School.	ATS: U

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Entered in ATS By: \_\_\_\_\_