

Vernon Public Schools
Kindergarten Registration
Early Childhood Experience Questionnaire

Child's name _____

Please check any box(s) that best describes your child's preschool experience.

- My child attended a part or full day center based program such as

Academy of Art and Learning
Apple Tree Learning Center
Community Nursery School of Talcottville
Grove Street Corner Preschool
Hockanum Valley Child Day Care Center
Indian Valley YMCA (either site)
Kids Academy Child Care Center
Rockville High School Nursery School
St. Bernard Preschool
St. Joseph School
Trinity Cooperative Preschool
Vernon Public Schools/Head Start Preschool Collaborative
Other: _____

If your child attended a preschool program, how long did he/she attend?

- 6 months or less 1 year 2 years or more

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- My child attended community playgroups offered by programs such as....

Vernon Family Resource Center
Rockville Public Library

- My child received care from a licensed child care provider outside of my home.

- My child has received care in an informal arrangement (neighbors, friends, etc) outside of my home.

- My child has been cared for within my home by me or by family members.

How long have you lived in Vernon?

- 6 months or less 1 year 2 years or more

How did you hear about kindergarten registration?

- newspaper community signs word of mouth
 public access channel school newsletter/websites

Signature: _____ Date: _____