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| Vernon Public Schools  Kindergarten Registration  Early Childhood Experience Questionnaire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Child’s Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please check any box(s) that best describes your child’s preschool experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| My Child attended a part of full day center based program such as… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Academy of Art and Learning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Apple Tree Learning Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Community Nursery School of Talcottville | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Hockanum Valley Child Day Care Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Indian Valley YMCA, Center 375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Indian Valley YMCA, Elm Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Rockville High School Nursery School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | St Bernard Preschool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Vernon Public Schools/Head Start Preschool Collaborative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Other, (name of preschool attended): | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If your child attended a preschool program, how long did they attend? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 6 months or less | | | | | | | | | |  | | 1 year | | | | | | | |  | | 2 years or more | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If your child attended a preschool or daycare center, how many days a week did they attend? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 1 day | | | | | |  | 2 days | | | | | |  | | | 3 days | | | | | | |  | | 4 days | | | | | | | |  | | 5 days | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My child attended community playgroups offered by programs such as… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | ECHN’s Family Resource Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Rockville Public Library | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Other: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | My child received care from a licensed child care provider outside of my home. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | My child has received care in an informal arrangement (neighbors, friends, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grandparents, etc.) outside of my home. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | My child has been cared for within my home by me or by family members. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How long have you lived in Vernon? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 6 months or less | | | | | | | | | | |  | | | 1 year | | | | | | | | | | | | |  | | | 2 years or more | | | | | | | | | | | | | | | | | | |
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| Have you ever utilized a home visiting program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | | | |  | | | | No | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | |  | | | | | | | |
|  | | FRC | |  | | Early Head Start | | | | | | | | | | |  | | | Nurturing Families | | | | | | | | | | | | | |  | | MIECHV | | | | | | | | |  | Other: | | | | | |  | | | | | | |
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| How did you hear about kindergarten registration? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Newspaper | | | | | | | |  | Community Signs | | | | | | | | | | | | | | |  | | Word of Mouth | | | | | | | | | | | |  | | | | Public Access Channel | | | | | | | | | | | | | | | |
|  | | School Newsletter/Websites | | | | | | | | | | | | | | | | |  | | Preschool or Daycare | | | | | | | | | | | | | | | | |  | | | | Other: | | | | |  | | | | | | | | | | | |
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| Signature: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |  | | | | | | | | | | |
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| WELCOME TO KINDERGARTEN! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |