

**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: \_\_\_\_\_