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We are requesting you complete the survey below about your child/children. The data from the survey will help support PHS planning for programming to better support our Kindergarteners' needs. Please complete this form and return with all required Enrollment paperwork.

### Kindergarten Prior Care Survey

Child's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month / Day / Year

What was your child's primary form of care in the year prior to Kindergarten? (Check up to 3 relevant choices). *If the child was primarily at home during that year, please check **No Prior Care.***

- Great Start Readiness Program (GSRP) (State funded program age 4 by Sept 1st)
- Head Start (Federally funded program ages 3 & 4)
- Early Childhood Special Education Classroom (School based preschool for special needs students with an IEP)
- Young Fives/Developmental Kindergarten (Plan is for child to attend regular Kindergarten next year)
- Child Care-Home Based (Operated out of a private home)
- Private Child Care Center (Commercial business that may be independent or part of a chain)
- Registered Family/Relative Child Care (Family or relative care provider receiving state assistance to provide care)
- Tuition-Based Preschool (Full or half day of instruction and learning)
- No Prior Care Program (Stay at home for care)
- Kindergarten (Child has been retained for a second year of kindergarten)

Office use only - Data Manager Note: Y=Yes and N=No in data fields (1 Letter only)

We will **advocate** for our students and families in partnership with our community to assure their success inside and outside of school; continuously **innovate** our practices and programs to improve student achievement; and **educate** in ways that are relevant, relationship driven, and rigorous.