

Monroe Early Childhood School
KINDERGARTEN PROGRAM PREFERENCE
2011-2012 SCHOOL YEAR

Child's Name _____

Child's Birth date _____

Parent's Name _____

_____ Alternative Kindergarten (half day programming - 9:00-11:30 or 1:00-3:30)

_____ Full-Day Regular Kindergarten

If you wish to be contacted by the counselor regarding Alternative Kindergarten, please list your number. Phone Number _____

**A separate application form for Alternative Kindergarten needs to be completed
no later than Friday, March 18, 2011.**

KINDERGARTEN INFORMATION - (This information will remain CONFIDENTIAL)

We need the following information so that we may better know and understand your child.

Name of parent/guardian #1 _____

Parent/Guardian highest level of education—

Some high school____; high school grad____; some college____; college grad____

Name of parent/guardian #2 _____

Parent/Guardian highest level of education—

Some high school____; high school grad____; some college____; college grad____

Please write any information you think we should know that could impact your child's educational success.

In the past, has your child attended a preschool or daycare? Yes____ No____

If yes, please list the name of the preschool/daycare.
