



LYNN PUBLIC SCHOOLS

Welcome Center - 100 Bennett St. Lynn, MA 01905

Telephone (781) 592-8796 – Fax (781) 598-3160

Early Childhood Education Experience Survey

Use this form only if you are registering a student in Kindergarten

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only and indicate hours where applicable. Thank you!

Name of child: _____

Date of Birth: _____

My child participated in:

- Local programs for parents and children (e.g., parent/child playgroups, parent-child activities (Coordinated Family and Community Engagement (CFCE) services)
- Home visit programs funded through the Department of Early Education and Care (Parent Child Home Program (PCHP) services)
- BOTH** Local programs for parents-children and home visits funded by the Department of Early Education and Care

My child has formal early childhood education:

- My child attended a Licensed Family Child Care Provider (Daycare). **Indicate hours below**
___ for less than 20 hours per week
___ for 20+ hours per week
- My child attended a public or private preschool, Head Start, day care centers, or integrated public preschools It may include care in the home of a family member if the provider is both a relative and an EEC licensed childcare provider providing care to children from multiple families. (Center Based Program) **Indicate hours below:**
___ for less than 20 hours per week
___ for 20+ hours per week
- My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program **(indicate hours below)**
___ for less than 20 hours per week
___ for 20+ hours per week

- My child did not have any formal early childhood program experience**