

Supplemental Kindergarten Enrollment Form

Early Learning Experience

Complete for Incoming Kindergarten Students Only

Student first and last name: _____

1. Did your child attend an Early Learning Program (e.g. private preschools, EOEL public prekindergarten, charter school prekindergarten, home-based child care providers, etc.) during the last school year before entering kindergarten? (Check one)

Yes

No

2. If you answered "YES" to question 1, **please provide the name and address of the Early Learning Program and the attendance dates.**

If your child attended more than one Early Learning Program, enter the information for the program most recently attended.

Early Learning Program Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____
(anticipated or actual)