

Kindergarten Prior Setting Data

Dear Parent/Guardian;

School readiness for all children is critical to the success of students. Through an initiative begun by then-Gov. Steve Beshear in 2010, Kentucky is focused on ensuring that all young children who enter kindergarten are ready to grow, ready to learn and ready to succeed. One way that our district can support our families, stakeholders and community partners with promoting school readiness is by learning more about the early care settings our children have experienced before they enter school.

Our district is required, as part of 704 KAR 5:070, to collect information about where your child received early care services for the **12 months** prior to coming to kindergarten. There are five basic categories that children may receive care before entering kindergarten:

State-funded preschool: Children who attend the state-funded preschool program, which, as defined in 704 KAR 3:410, provides preschool services to at-risk 4-year-olds and 3- and 4-year-olds with identified special needs.

Head Start: Children who attend Head Start, which provides early childhood services to 3- and 4-year-old children who are at risk.

Child care: Children who attend any child care **or** private preschool setting that is licensed by the Division of Regulated Child Care. This includes Type 1, Type 2 and Family Certified Homes.

Home: A child who is at home with a parent/guardian before entering school.

Kindergarten: A child who attended kindergarten in the previous year and is a repeating kindergartener this year.

Other: A child receiving care from one of the following:

- a family member, such as a grandparent, aunt, uncle, sibling
- a private sitter, who is not certified, such as a neighbor, nanny or other
- other early childhood setting that does not meet the above definitions

On the attached form, please provide the following information in the fields that are applicable to your child's **previous 12 months**. There may only be one prior setting your child participated in, or there may be multiple settings. If you need more space than is provided for any category, please provide the information on the back of the document.

1. Child's name: last, middle initial, first name
2. Child's date of birth (month, day, year)
3. Child's street address, including city, state, zip code
4. Prior Setting Information: Where has the child received early care services within the last 12 months? You may choose more than one option, if necessary. For example, your child may have had a change in care within the last 12 months. You would also need to choose more than one setting if your child attended a half-day program, then spent the other half-day at a child care facility, babysitter or at home. If your child was in kindergarten last year and is a repeating kindergartener this year, select Kindergarten.

If you have questions about prior setting information, please ask your child's teacher or office manager for clarification. We look forward to working with your family to ensure your child's success throughout kindergarten and beyond.

Sincerely,
District/School Staff

Kindergarten Enrollment Prior Setting Data

Name: _____ Date of Birth: _____

Address: _____

Please provide information about every early care setting your child attended during the year prior to entering kindergarten this year. **Fill out a new box for each location.**

Setting 1:

State-funded preschool Head Start Child Care Home Kindergarten Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 2:

State-funded preschool Head Start Child Care Home Kindergarten Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 3:

State-funded preschool Head Start Child Care Home Kindergarten Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 4:

State-funded preschool Head Start Child Care Home Kindergarten Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 5:

State-funded preschool Head Start Child Care Home Kindergarten Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____