



Early Kindergarten Transition (EKT) Program

July 15 – August 2, 2019 Monday through Friday 8:45 AM-11:30 PM

Complete this form and drop it off at your school. You will be notified in May if your child is enrolled or wait listed.

Child's Legal Name: Last _____ First _____ MI _____

Child is: (circle one) Male Female Child's Date of Birth _____

My child will be attending kindergarten in September at: (school name) _____

Parent/Guardian Name/s _____

Child lives with (Circle all that apply): Mother Father Foster Legal Guardian

Home Address _____ City _____ Zip _____

Complete the contact information and **Circle** the best way to contact you during the day:

Email _____ Home Phone _____ Cell _____ Text _____

Family's Primary Language _____ Translator needed? Yes

IN THE PAST YEAR, was your child involved in these programs?	Yes	No
My child attended Head Start. If yes, what was the name of the Head Start? _____		
My child attended preschool. If yes, what was the name of the preschool? _____		
My child is receiving special education services.		
My child has allergies, or other health concerns. If yes, please write your concerns on the lines below, to be shared with EKT Nurse, who may call you to discuss a health plan.		
My child has behavior concerns. If yes, please write your concerns on the lines below, to be shared with EKT team who may call you to discuss a plan.		
Is there anything else we should know about your child? If yes, please use the lines below to share more information, or use a separate piece of paper.		
Photographs of my child may be released to news media related to EKT.		
I receive TANF or SNAP (Food Stamps).		
I receive housing assistance.		

Parent/caregiver group time is an important part of EKT. Meetings are twice a week during school time.

Child care is provided for siblings during group time. I will need child care during parent meetings: ___Yes ___No

If yes, please provide names and ages of children.

Name: _____ Age: _____, Name: _____ Age: _____, Name: _____ Age: _____

Parent Notes: _____

