



# Early Kindergarten Transition (EKT) Program

July 16 – August 3, 2018

Monday through Friday 8:45-11:30 AM

**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) \_\_\_\_\_

I have registered my child for kindergarten? Yes No I need help registering my child for kindergarten? Yes No

Parent/Guardian Name/s \_\_\_\_\_

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Circle the best way to contact you during the day:

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text \_\_\_\_\_

Family's Primary Language \_\_\_\_\_ Translator needed? Yes No

IN THE PAST YEAR, was your child involved in these programs?	Yes	No	Don't Know
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 or behavior concerns. If yes, please use reverse side to share information. Information is shared with the EKT program nurse. The EKT nurse may call you to discuss a health plan.			
Is there anything else we should know about your child to ensure your child has a great EKT experience? If yes, please use reverse side to share more information.			
Photographs of my child may be used for school-related publications.			
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: \_\_\_\_\_

