

## Ferndale School District Early Learning Survey 2018

### Early Learning and Pre-school Activities and Interests

*Early learning begins at home, and a variety of activities help prepare children for kindergarten. Completing this survey will tell us about the preschool learning experiences children in Ferndale are having prior to kindergarten. It will also help us learn about new activities we might provide so all children have skills to prepare them for kindergarten.*

1. Is your child entering kindergarten in Fall of 2018?

**Yes**    **No**   If yes, which Ferndale Elementary School? \_\_\_\_\_

2. Does/did your child attend preschool?

**Yes**    **No**   **If yes, please indicate where and when:**

Preschool Name	Hours per week	Year (s) attended

3. Does your child attend child care or spend regular time with family / neighbors / friends?

**Yes**    **No**   **If yes, please indicate where and when:**

	Hours per week	Year (s) attended
In licensed <b>child care</b> center or home		
Name: _____		
With a friend or neighbor child care arrangement		
With a family member providing child care Please circle family member providing care: grandparent,   aunt,   uncle,   brother,   sister		

4. Does your child participate in other learning experiences?      **Yes**      **No**      **Please check all that apply:**

- Library story time    MOP –Mothers of Preschoolers    Church / Sunday School
- Local parks programs    Art classes    Music classes    Gymnastics classes    Play Group
- Ferndale Toddler Time    Other (please list): \_\_\_\_\_

5. Are there learning experiences your child is unable to participate in?       Yes       No

If yes, what are those experiences and why are they unable to participate? (cost, transportation, limited language ability, work schedule, other.....)

\_\_\_\_\_

5. Are you interested in more information about these preschool activities: (check all that apply)

- Library story time    Play and Learn Class    Ferndale Toddler Time
- Spring K Readiness Meeting for Parents    Early Kindergarten Jump Start Program
- Other \_\_\_\_\_

Would you like to be contacted about these activities?    YES    No thanks

Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

Preschool siblings \_\_\_\_\_