

# KINDERGARTEN SURVEY

Dear Parent/Guardian:

Please help us by answering the following Preschool questions that apply to your Kindergarten child.

## Did your child attend a Preschool?

1.)

- YES**, as a:       3 year old       4 year old       Both

Why did you send your child to Preschool? Please check all that apply:

- Readiness for Kindergarten       Socialization       Work Schedule  
 Other: \_\_\_\_\_

**Comments:**

Please check which Preschool your Kindergarten child attended:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manistee Catholic Central  | <input type="checkbox"/> Trinity Lutheran           | <input type="checkbox"/> Manistee Area Public Schools |
| <input type="checkbox"/> Leaps & Bounds – Onekama   | <input type="checkbox"/> Manistee Red School House  | <input type="checkbox"/> Great Beginnings – Bear Lake |
| <input type="checkbox"/> Head Start – Kaleva        | <input type="checkbox"/> Head Start – Manistee      | <input type="checkbox"/> GSRP Madison (Manistee)      |
| <input type="checkbox"/> GSRP Four Stars (Brethren) | <input type="checkbox"/> Other: (Please list) _____ | <input type="checkbox"/> ISD Preschool                |

2.)

- NO**, my child did not attend Preschool. Please check all reasons that apply:
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cost                 | <input type="checkbox"/> Transportation         | <input type="checkbox"/> Parent Choice                             |
| <input type="checkbox"/> No Preschool in area | <input type="checkbox"/> Schedule/work conflict | <input type="checkbox"/> Before or after school care not available |
| <input type="checkbox"/> Other: _____         |   |  |

**Comments:**

3.) *Ideally*, which type of preschool would you prefer? (For information purposes only)

- Half school day (3 hours or less)  
 Full school day (5 hours or more)

Please check your School District:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Manistee Area Public Schools | <input type="checkbox"/> Kaleva-Norman Dickson | <input type="checkbox"/> Manistee Catholic Central |
| <input type="checkbox"/> Onekama                      | <input type="checkbox"/> Bear Lake             | <input type="checkbox"/> Trinity Lutheran          |

**OPTIONAL:** Please add contact information for additional data, if needed:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Return to: \_\_\_\_\_ By \_\_\_\_\_