



Survey for Incoming Kindergarten Parents September 2007

Dear Parents,

The Greenwich Public Schools continue to gather information from families about children's experiences before entering kindergarten. This information will help us provide programs and services that are designed to meet the needs of all of our students our students. Thank you for assisting us by answering these questions.

1. Who was your child's caregiver prior to preschool?

- at home day care agency day care nanny/babysitter
 stay at home parent
 other, please describe _____

2. Did your child attend 3 year old preschool? Yes No

If not, why not?

- personal choice location of programs transportation
 hours/schedule placed on waiting list cost
 other, please describe _____

3. Did your child attend 4 year old preschool? Yes No

If not, why not?

- personal choice location of programs transportation
 hours/schedule placed on waiting list cost
 other, please describe _____

4. About how many times a month does your child visit one of the Greenwich libraries? 1 time 2-3 times more than 4 times

If you did not visit the Greenwich libraries, why not?

- hours/schedule transportation not aware of hours/services
 other, please describe _____

5. Has your child ever attended story hour at a Greenwich library?

- Yes No

6. What is the name of one of your child's favorite storybooks?

7. What Town parks does your young child enjoy?

8. Did you and your child participate in any "Mommy and Me" programs?

Yes No

If not, why not?

personal choice

location of programs

transportation

hours/schedule

placed on waiting list

cost

other, please describe

9. Did you and your child visit museums/zoos/nature centers? Yes No

If not, why not?

personal choice

location of programs

transportation

hours/schedule

placed on waiting list

cost

other, please describe

10. Did you and your child participate in any church/synagogue/mosque youth programs? Yes No

If not, why not?

personal choice

location of programs

transportation

hours/schedule

placed on waiting list

cost

other, please describe

11. Are there any experiences you wanted your child to have before coming to kindergarten that you were unable to provide and please tell us why?

12. If you speak a second language in your home, what language do you speak?

13. In which language(s) do you read to your child? (*check all that apply*)

English

Spanish

Japanese

Other

14. Does your family work with Town Social Services?

Yes No

15. Who is the primary provider of your child's health care?

private pediatrician health care clinic

other, please describe _____