



Marshfield Public Schools

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Early Childhood Education Experience Survey for Incoming Kindergarteners

Name of Child: _____ Date of Birth: _____

Name of Incoming K School: _____

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select **one option only**, and indicate hours where applicable. Thank you!

- My child attended a Licensed Family Child Care Provider.** *Licensed Family Child Care refers to EEC licensed child care in a group setting in a home. (indicate hours below)*
___ for less than 20 hours per week (05)
___ for 20+ hours per week (06)
- My child attended a Center Based Program.** *Center-Based Program refers to the education and care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools. (indicate hours below)*
___ for less than 20 hours per week (07)
___ for 20+ hours per week (08)
- My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program** (indicate hours below)
___ for less than 20 hours per week (09)
___ for 20+ hours per week (10)
- My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.** *In Marshfield, these programs are offered at the Recreation Center, 900 Ferry St., for children birth through school age (e.g. parent/child playgroups, parent-child activities). (02)*
- My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.** *Parent Child Home Program (PCHP) refers to a home visiting model program funded through the Department of Early Education and Care. PCHP services are not offered in Marshfield. (03)*
- My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services. (04)**
- My child did not have any formal early childhood program experience. (01)**

Completed by: _____ Date: _____

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