

Early Elementary Program Survey

Please complete the following and return to the elementary school no later than Monday, January 23, 2017.

Child's Name: _____

Date of Birth: _____

Address: _____

Parent's Name: _____

CIRCLE YES OR NO:

Full Day Kindergarten Program

- | | | |
|--|-----|----|
| 1. I am interested in full day kindergarten for my child | Yes | No |
| 2. I prefer a half-day kindergarten session for my child | Yes | No |
| 3. I am undecided | Yes | No |

Pre-Kindergarten Program (Parent Paid Programs)

- | | | |
|--|-----|----|
| 4. I am interested in Pre-Kindergarten for my child | Yes | No |
| 5. I am interested in a Wrap-around program for my Pre-K child | Yes | No |
| 6. I am undecided about the Pre-K program | Yes | No |

An informational session will be held on Thursday, January 19, 2017 @ 7:00 PM in the Elementary School Media Center.

RETURN TO: UNION TOWNSHIP ELEMENTARY SCHOOL
149 PERRYVILLE ROAD
HAMPTON, NJ 08827