

Initial Enrollment Prior Participation Form for PK, K 1st Grades
Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: _____
First Last

Student Date of Birth: _____
Month Day Year

Student Gender – Please check one: Male Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

| PROGRAM | YES | NO |
|---|-----|----|
| A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program) | | |
| The Sooner Start program operated by the State Department of Education | | |
| The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education | | |
| The Children First program operated by the State Department of Health | | |
| Any child abuse prevention program operated by the State Department of Health | | |
| Any federally funded Head Start program | | |