Program Name:

2019-20 Master Class List

Please provide information regarding **ALL 4-year-olds** **(children who are 4 years old by December 1, 2019**) and **3-year-olds** **(children who are 3 years old by December 1, 2019)** that are enrolled in your program as of **Friday, September 20**. It does not matter if they receive funding from KC Ready 4s, GSRP, Head Start, or if they are self-pay. Include children who attend 3-5 days/week and those who live outside of Kalamazoo County – and indicate that in the appropriate column. **Do not complete the DIRECTORS or ASSESSORS columns at this time.**

Once your list(s) is(are) complete:

1) Make a copy for EACH FOLDER in your ACCORDION folder and STAPLE to the inside where the label is.
2) EMAIL a copy the class list(s) to dneevel@kcready4s.org by September 30th.
3) When you receive signed consent forms, initial the DIRECTORS column on the corresponding class list for only the approved experiences in the correct folder, and put the consent form in a plastic sheet protector. You should be able to slide at least 20 into one sheet protector (keep 3s and 4s separate please). Please ask if you need more sheet protectors!

Please check one: ☐ **This is a list of 4-year-olds/pre-K** ☐ **This is a list of 3-year-olds/preschool**

Child's Name **Please be very careful to spell the child's name correctly, and provide all information as requested including residency and enrollment.**	**Male/ Female M or F**	**Date of Birth**	**Does this child reside in Kalamazoo County?** **Yes or No**	**Is this child enrolled in a 5/day week program? Yes or No**	**DIRECTORS Please Initial That You Have *Received* the Consent Form**	**ASSESSORS Please Initial that You Have *Reviewed* the Consent Form**

CONTINUE ON NEXT PAGE IF NECESSARY

Program Name:

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