

Class List(s) of children enrolled in KC Ready 4s and Private GSRP programs



4 Please provide information regarding **ALL 4-year-olds** (children who are 4 years old by December 1, 2018) that are enrolled in your program as of **Friday, September 21.** 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.**

3 **If your program is participating in the 3-year-old Pilot Program this year (you know if you are) – please create a separate list for ALL 3-year-olds** (children who are 3 years old by December 1, 2018) that are enrolled in your program as of **Friday, September 21.**

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 dnevel@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, then put the consent form in the 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!

Name of Program:				Program Start Date:		
Child's Name	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 <i>Received</i> the Consent Form	ASSESSORS Please Initial that You Have <i>Reviewed</i> the Consent Form

CONTINUE ON NEXT PAGE IF NECESSARY

Program Name:

Child's Name	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 <i>Received</i> the Consent Form	ASSESSORS Please Initial that You Have <i>Reviewed</i> the Consent Form

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