

*Plymouth School District
Four-Year-Old Placement Information Form*

Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____

Please indicate which best describes how your child will be cared for next year outside of the district 4K school program:

____ home with me.

____ in the care of a relative.

____ in the care of a neighbor.

____ attending Berry Branch Childcare.

____ attending Growing Generations Childcare.

____ attending Head Start at Generations.

(Class time is from 8:30-3:30 and transportation may be available.)

____ attending another childcare facility.

Name: _____

Address: _____

____ attending an in-home childcare.

Name: _____

Address: _____

Are you in need of childcare? Please indicate your interest in a placement that would provide a childcare option at:

____ **Berry Branch Childcare located onsite at each elementary school with sufficient enrollment**

____ **Growing Generations Childcare at Generations**

____ **Head Start at Generations**

**When checking an option, please know that someone from the childcare will contact you regarding your desire for further information regarding childcare options.*