

CHILD 4	CHILD 5	CHILD 6	CHILD 7
Name	Name	Name	Name
1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) <div style="float: right; text-align: right;"> } 60 to 71e </div>	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) <div style="float: right; text-align: right;"> } 60 to 71e </div>	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) <div style="float: right; text-align: right;"> } 60 to 71e </div>	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) <div style="float: right; text-align: right;"> } 60 to 71e </div>
2 <input type="checkbox"/> Enrolled, but does not attend regularly	2 <input type="checkbox"/> Enrolled, but does not attend regularly	2 <input type="checkbox"/> Enrolled, but does not attend regularly	2 <input type="checkbox"/> Enrolled, but does not attend regularly
3 <input type="checkbox"/> Not enrolled	3 <input type="checkbox"/> Not enrolled	3 <input type="checkbox"/> Not enrolled	3 <input type="checkbox"/> Not enrolled
4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Less than 1 month	1 <input type="checkbox"/> Less than 1 month	1 <input type="checkbox"/> Less than 1 month	1 <input type="checkbox"/> Less than 1 month
2 <input type="checkbox"/> 1 to 3 months	2 <input type="checkbox"/> 1 to 3 months	2 <input type="checkbox"/> 1 to 3 months	2 <input type="checkbox"/> 1 to 3 months
3 <input type="checkbox"/> 4 to 6 months	3 <input type="checkbox"/> 4 to 6 months	3 <input type="checkbox"/> 4 to 6 months	3 <input type="checkbox"/> 4 to 6 months
4 <input type="checkbox"/> 7 months or more	4 <input type="checkbox"/> 7 months or more	4 <input type="checkbox"/> 7 months or more	4 <input type="checkbox"/> 7 months or more
5 <input type="checkbox"/> Don't know	5 <input type="checkbox"/> Don't know	5 <input type="checkbox"/> Don't know	5 <input type="checkbox"/> Don't know
6 <input type="checkbox"/> Never attended	6 <input type="checkbox"/> Never attended	6 <input type="checkbox"/> Never attended	6 <input type="checkbox"/> Never attended
7 <input type="checkbox"/> Refused	7 <input type="checkbox"/> Refused	7 <input type="checkbox"/> Refused	7 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Problems with transportation, no transportation	1 <input type="checkbox"/> Problems with transportation, no transportation	1 <input type="checkbox"/> Problems with transportation, no transportation	1 <input type="checkbox"/> Problems with transportation, no transportation
2 <input type="checkbox"/> Can't register, no documents	2 <input type="checkbox"/> Can't register, no documents	2 <input type="checkbox"/> Can't register, no documents	2 <input type="checkbox"/> Can't register, no documents
3 <input type="checkbox"/> Don't stay in one place long enough	3 <input type="checkbox"/> Don't stay in one place long enough	3 <input type="checkbox"/> Don't stay in one place long enough	3 <input type="checkbox"/> Don't stay in one place long enough
4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean	4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean	4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean	4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean
5 <input type="checkbox"/> Child doesn't like school	5 <input type="checkbox"/> Child doesn't like school	5 <input type="checkbox"/> Child doesn't like school	5 <input type="checkbox"/> Child doesn't like school
6 <input type="checkbox"/> Has to babysit younger brothers/sisters	6 <input type="checkbox"/> Has to babysit younger brothers/sisters	6 <input type="checkbox"/> Has to babysit younger brothers/sisters	6 <input type="checkbox"/> Has to babysit younger brothers/sisters
7 <input type="checkbox"/> Has been sick, doesn't feel well	7 <input type="checkbox"/> Has been sick, doesn't feel well	7 <input type="checkbox"/> Has been sick, doesn't feel well	7 <input type="checkbox"/> Has been sick, doesn't feel well
8 <input type="checkbox"/> Too tired, can't get him/her up in the morning	8 <input type="checkbox"/> Too tired, can't get him/her up in the morning	8 <input type="checkbox"/> Too tired, can't get him/her up in the morning	8 <input type="checkbox"/> Too tired, can't get him/her up in the morning
9 <input type="checkbox"/> Other - Specify	9 <input type="checkbox"/> Other - Specify	9 <input type="checkbox"/> Other - Specify	9 <input type="checkbox"/> Other - Specify
10 <input type="checkbox"/> Don't know	10 <input type="checkbox"/> Don't know	10 <input type="checkbox"/> Don't know	10 <input type="checkbox"/> Don't know
11 <input type="checkbox"/> Refused	11 <input type="checkbox"/> Refused	11 <input type="checkbox"/> Refused	11 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know
4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know
4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know
4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> At the shelter	1 <input type="checkbox"/> At the shelter	1 <input type="checkbox"/> At the shelter	1 <input type="checkbox"/> At the shelter
2 <input type="checkbox"/> At a day care center	2 <input type="checkbox"/> At a day care center	2 <input type="checkbox"/> At a day care center	2 <input type="checkbox"/> At a day care center
3 <input type="checkbox"/> To friends/relatives	3 <input type="checkbox"/> To friends/relatives	3 <input type="checkbox"/> To friends/relatives	3 <input type="checkbox"/> To friends/relatives
4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> Don't know
5 <input type="checkbox"/> Refused	5 <input type="checkbox"/> Refused	5 <input type="checkbox"/> Refused	5 <input type="checkbox"/> Refused