



**EARLY ENTRANCE TO KINDERGARTEN**  
Application and Information Profile

**Submit by July 31, 2020**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parents/Legal Guardians \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Home School \_\_\_\_\_ Date \_\_\_\_\_

*Directions:* Please answer each question below. If additional space is needed, write on the back of this form.

1. Why do you want your child considered for early entrance into kindergarten?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your child nap each day? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when? \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

3. Does your child play cooperatively with his/her siblings? Yes \_\_\_\_/ No \_\_\_\_  
With extended family playmates? Yes \_\_\_\_/ No \_\_\_\_  
With neighborhood children? Yes \_\_\_\_/ No \_\_\_\_

4. In what types of activities does your child usually engage?

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5. About how long does your child persist with a play activity or game?

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6. What responsibilities does your child have at home? What do you do when he or she does not follow through?

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7. How does your child respond when he or she tries but cannot do something?

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8. How do you respond when your child tries but cannot do something?

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9. What types of reading activities is your child engaged in at home?

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10. What experiences has your child had with writing implements such as paintbrushes, markers, crayons, and pencils?

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11. What does your child know about numbers, shapes, and puzzles?

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12. Does your child require a mid-morning or afternoon snack? Yes \_\_\_/ No \_\_\_

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13. What does your child do when he or she needs to use the bathroom?

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14. Can your child button, snap, and zip to dress himself or herself?

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15. What group experiences has your child had (for example, pre-school, daycare, Head Start, or nursery school)?

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16. Does your child: recite the alphabet, point to letters when named, know the sound the letter makes, blend letter sounds, read familiar words in the environment, read simple words in books, print the alphabet, and/or print his or her name?

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**Please return the completed application and a letter of recommendation to the principal of the school which is zoned to serve your neighborhood.**

Letters of recommendation could be from a preschool/nursery school teacher, child care provider, or others who are able to provide additional information on your child's development and experiences with peers outside the home.

Information regarding which school serves your residential area is provided by the Department of Capital Planning at <http://www.smcps.org/dss/capital-planning/find-a-school-by-your-address> or call 301-475-4256, Option 6.