

**Early Entrance to Kindergarten Application**

| Child’s Name: | Sex: M/F | Birth Date: |
| --- | --- | --- |
| Street Address: | City: | Zip Code: |
| Phone: | Email: | |
| Parent/Guardian: | | |
| Parent/Guardian: | | |
| Early Childhood Screening Completed and Attached: | | |

Siblings:

|  | Age: |
| --- | --- |
|  | Age: |
|  | Age: |

References: Please list all previous daycares/schools attended and dates of attendance

| School: | Dates Attended: |
| --- | --- |
| Contact Person: | Phone #: |
| School: | Dates Attended: |
| Contact Person: | Phone #: |
| School: | Dates Attended: |
| Contact Person: | Phone #: |

By signing below, you give us permission to call the above references:

| Parent/Guardian Name (Print): | |
| --- | --- |
| Signature: | Date: |

1. Describe what made you consider Early Entrance for your child.
2. Describe any behaviors or accomplishments that demonstrate your child has exceptional and early development.
3. How does your child feel about school?
4. Describe your child’s attention span. Describe your child’s ability to stay with an activity to completion (use examples). Do they have the stamina to complete consecutive full days without a nap?
5. Describe your child’s experience and ability to successfully participate in group activities led by adults other than family members.
6. Describe your child’s reading skills - Letter identification? Letter sound? Reading words? Passages? Can they answer questions about what they read or what has been read to them?
7. Describe your child’s writing skills - Name? Write letters? Words? Sentences? Can they express ideas in writing/drawing?
8. Describe your child’s math skills - Count to 31 forwards and backwards? Identify numbers? How high can they count without support or prompting? Shapes?
9. Describe your child’s ability to play or work with other children. How does your child react to conflicts with other children?
10. Describe how your child reacts to frustration or challenging activities.
11. Talk about your child’s self help skills? Can they dress, bathroom, shoe all independently?
12. If your child doesn’t meet early entrance criteria, what is your plan for them?
13. If you have any additional information you would like to have considered please provide that below.