

**Application for Early Entrance
Kindergarten Program**



East Moline School District #37
3451 Morton Drive, East Moline, Illinois 61244
Phone (309) 792-2887 Fax (309) 792-6010

Child's Name: _____ Date of Birth: _____
Parent/Guardian Name: _____ Address: _____
Phone Number: _____ E-mail (optional): _____

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

1. Please list the preschools, Head Start, and/or other child care programs attended.

Name of School/Program	Dates of Attendance	#Hours/Week
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2. Why do you feel your child should be considered for early entrance to kindergarten?
3. How long does your child maintain interest in a play activity or game at a given time?
4. What responsibilities does your child have at home? What do you do when your child does not follow through?
5. How does your child respond when he/she tries but can't do something?

6. What types of reading activities does your child engage in at home?

7. What kinds of experiences has your child had with writing tools such as crayons, pencils and markers?

8. How does your child handle transitions and new situations?

9. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns, and cooperates with peers.

10. How would you describe your child's style? (e.g. Does he/she warm up quickly? Does he/she enjoy a novel challenge? Does he/she appear secure in social situations or when visitors come to your home?)

11. Please briefly describe your perceptions of your child's language/communication skills in comparison to his/her age mates?

12. What does your child know about numbers, shapes and patterns?