St. Mary’s County Public Schools

EARLY ENTRANCE TO KINDERGARTEN
Application and Information Profile

Submit by June 30, 2023

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?
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

2. Does your child nap each day? Yes________ No________ If so, when? _________AM/PM to ___________AM/PM

St. Mary’s County Public School System does not discriminate on the basis of race, color, gender, age, national origin, marital status, sexual orientation, religion, or disability in matters affecting employment or providing access to programs.
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?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

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

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

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

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

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

10. What experiences has your child had with writing implements such as paintbrushes, markers, crayons, and pencils?
    ________________________________________________________________
    ________________________________________________________________
11. What does your child know about numbers, shapes, and puzzles?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. Does your child require a mid-morning or afternoon snack? Yes__/ No __

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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](http://www.smcps.org/dss/capital planning/find-a-school-by-your-address) or call 301-475-4256, Option 6.