



Land of Children Child Care & Private School,  
After School & Summer Camp

1331 O'Reilly Drive Feasterville-Trevose PA, 19053  
www.landofchildren.org  
Phone: (267)577-8552 (main), (215)364-9575 (office and fax)  
Email: landofchildren2006@yahoo.com

## Kindergarten Application for Enrollment

Child's Name (Last, First):			Name Called:		
Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:	Group: <i>Kindergarten</i>	
Street Address:					
City:		State:	Zip Code:	Home Phone #:	
<b>Attendance</b>					
Arrival Time:			Departure Time:		
Mother's/Guardian's Name:				Email:	
Cellphone #:			Home phone #:		
Street Address:		City:		State:	Zip Code:
Father's/Guardian's Name:				Email:	
Cellphone #:			Home phone #:		
Street Address:		City:		State:	Zip Code:
Marital status of the parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Other					

Parent's/Guardian's Signature:		Date: / /	
Director's Signature:		Date: / /	



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## Kindergarten Assessment

PERSONAL Can your child tell his/her...	Yes	No
First name		
Last name		
Age		
Address		
Birth date		
Telephone number		

SPEECH AND LANGUAGE SKILLS Does your child...	Yes	No
Understand Speech		
Speaks in complete sentences of at least 5 words		

SELF-HELP SKILLS Does your child...	Yes	No
Button his/her clothing		
Use bathroom independently		

SOCIAL SKILLS Does your child...	Yes	No
Share and take turns willingly		
Play well with other children		
Use toys and materials with care		

VISUAL AND MOTOR SKILLS Can your child...	Yes	No
Write his/her name		
Use scissors to cut paper		
Draw shapes by example		
Name primary shapes		
Assemble simple puzzles		
Throw and catch a ball		
Stand on one foot for 10 seconds		
Walk backwards 4 steps		

EMOTIONAL/SELF RELIANCE Does your child...	Yes	No
Easily engage in a new activity		
Play independently		
Follow directions		
Stays focused on a given activity		

COGNITIVE SKILLS Does your child...	Yes	No
Identify the difference between a number and a letter		
Recognize numbers 1 through 10		
Count by rote 1 to 30		
Look at books independently		

**Additional Comments:**

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_