



E.C. STEVENS ELEMENTARY

18 Kondracki Lane + Wallingford, CT 06492

Tel: (203) 294-3750 + Fax: (203) 294-3779

Nicholas J. Brophy, Principal

January, 2014

Dear Parents of Incoming Kindergarten Students:

Welcome to the Wallingford Public Schools. Your child is about to begin a promising school experience in our schools. Attached you will find forms and information regarding Kindergarten Registration for the upcoming school year, 2014-2015. Students are eligible for enrollment in kindergarten if they reach their 5th birthday on or before January 1, 2015. Your packet includes the following:

- √ 1. Registration Form for Elementary Schools
- √ 2. Health Assessment Record (State of Connecticut)
- √ 3. Kindergarten Survey Packet
- √ 4. Kindergarten Session Request
- √ 5. Wallingford Public Schools Verification of Residence form
- 6. Information on Obtaining Library Cards for Kindergarten (Wallingford Public Library)

Checked items must be completed at the school.

Please look over each form carefully and fill out all necessary information required. A copy of your child's **original birth certificate** will be made in the office. **Your proof of residency** must also be submitted. Proof of residency can be a copy of a mortgage statement, deed/closing document, rent/lease agreement or utility bill.

All physicals must be completed and the blue physical form turned in to the school before your child starts kindergarten. If you have a physical scheduled during this summer, please turn in the blue form as soon as it is completed. If your child's physical is scheduled for a date after the start of school for insurance reasons, please notify our school nurse, Sue Pallotta.

A Kindergarten Orientation session will be scheduled in May for you and your child. You will receive advance notification in the mail. Class assignments will be made in early summer.

If you have any questions or concerns, please contact the school. We look forward to having your child at E.C. Stevens School.

Sincerely,
Nicholas J. Brophy
Principal

IMPORTANT NOTE REGARDING DAYCARE

If your child will be attending a daycare before or after school, a Transportation Daycare Change form must be submitted every year (this includes YMCA). The forms are due by **July 1st** or sooner. Bus transportation to and from daycare will not be guaranteed for the start of the school year if the form is submitted after **July 1st**. Transportation forms are available in the school office.

**Wallingford Public Schools
STUDENT REGISTRATION FORM
SCHOOL _____**

Office use only:

Entrance Date: _____ New: _____ Re-entry: _____ Grade/Team: _____ Homeroom: _____ Level: _____
 Academics: Health: Yes _____, No _____ Algebra I: Yes _____, No _____ World Language: French _____, Spanish _____, None _____
 PE Classification: _____ Health: _____ Walker/Bus #: _____ Identification #: _____
 Instructional Setting: Alternative: _____ ESL: _____ Exchange: _____ Out Placed: _____ Project Choice: _____ VOAG: _____
 (CHECK WHEN COMPLETE):
 Birth Certificate: _____ Health Record: _____ Valid Passport: _____ Alien Reg. #: _____ Report Cards/Educational Records: _____

PROOF OF RESIDENCE:

Mortgage Statement: _____ Deed/Closing Documents: _____ Rent/Lease Agreement: _____ Utility Bill: _____
 Affidavit/Custody Papers: _____ DCF Form 603: _____ Family Lives With: (Certification of Residency Form Required): _____
 McKinney-Vento Homeless Student Form: _____ Migrant Student Form: _____

STUDENT INFORMATION

Name: (As Shown on Birth Certificate)

_____ (Last) _____ (First) _____ (Middle) _____ MALE / FEMALE
 (Circle One)

Address: _____ (Street) _____ (Town) _____ (State) _____ (Zip Code)

Home Telephone #: _____ (Area Code)

Birth Date: _____ (Month/Day/Year) Place of Birth: _____ (City/State/Country)

Is student a U. S. Citizen: Yes _____ No _____ If no, the date the student entered the United States: _____

School Entered From: _____ Telephone #: _____ (Area Code)

_____ (Street) _____ (Town) _____ (State) _____ (Zip Code)

Student Lives With: Mother and Father: _____ Mother: _____ Father: _____ Guardian: _____ Other: _____
 (Explain Relationship)

Mother/Guardian: _____ (Last) _____ (First) _____ (Middle) _____ (Title e.g. Mrs., Ms., Dr.)

Place of Birth: _____

Address: _____ (Street) _____ (Town) _____ (State) _____ (Zip Code)

Home Telephone #: _____ (Area Code) Work #: _____ (Area Code) Ext: _____

Cell Phone #: _____ (Area Code) E-mail Address: _____

Employer: _____ (Company) _____ (Address) Occupation: _____

_____ Send notices, report cards, and mailings to this parent/ guardian

Father/Guardian: _____ (Last) _____ (First) _____ (Middle) _____ (Title e.g. Mr., Dr.)

Place of Birth: _____

Address: _____ (Street) _____ (Town) _____ (State) _____ (Zip Code)

Home Telephone #: _____ (Area Code) Work #: _____ (Area Code) Ext: _____

Cell Phone #: _____ (Area Code) E-mail Address: _____

Employer: _____ (Company) _____ (Address) Occupation: _____

_____ Send notices, report cards, and mailings to this parent/ guardian

If Divorced: _____ Joint Custody _____ Sole Custody*

For WPS to enforce "no contact" or "no release" orders, court documentation must be provided

Brothers and Sisters (in order of age)

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

Day Care Provider: _____

(Address)

(Area Code) (Telephone #)

Emergency contacts if parent(s) cannot be reached

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Cell Phone: _____

Cell Phone: _____

Doctor to contact in case of emergency: Name: _____ Phone: _____

****If your child has a health condition or has had a change in their medical condition please contact the school nurse.**

Hospital to use in case of emergency: _____ Student has insurance coverage? Yes No

In the even of an emergency, if parents, physicians, or other persons named on this form cannot be reached, school officials will take whatever action is deemed necessary, in their judgement, for the health of the child. The Wallingford Public Schools assumes no financial responsibility for any emergency service which may be provided.

PERMISSION TO PHOTOGRAPH OR VIDEOTAPE

Do you give permission to have your student photographed or video taped for school events or for local news articles involving school function(s)? Yes No

LUNCH: Did your child receive free or reduced price lunch in the previous school? Free: _____ Reduced: _____

SPECIAL SERVICES: Please check any services your child received at the previous school

Special Education: _____, 504: _____, Speech: _____, Counseling: _____, Talented and Gifted: _____, Bilingual / ELL: _____, Reading Support: _____, Math Support: _____

PRESCHOOL: Did your child regularly attend a Head Start program, family day-care center, nursery school, licensed day care center, or public preschool program during the year before Kindergarten? Yes: _____ No: _____

THE FOLLOWING QUESTIONS ARE FOR FEDERAL AND STATE REPORTING PURPOSES;

1. Is the student Hispanic/Latino? Yes No

2. Regardless of how you answered question 1 please also indicate an answer to this question:

What race is this student? (Using the following and choose all that apply):

- a. American Indian or Alaskan Native _____ b. Asian _____ c. Black or African American _____
d. Native Hawaiian or Other Pacific Islander _____ e. White _____

Language:

What language did the student learn to speak first? _____

What is the primary language spoken by parents/guardians or other persons living in the student's home? _____

What is the primary language spoken by student at home? _____

I certify that the information provided on this care is accurate.

Signature of Parent/Guardian

Date



State of Connecticut Department of Education

Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	

* If applicable

Part I -- To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)						Diabetes	Y	N
Any immediate family members have high cholesterol						ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any medications your child will need to take in school:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Part II – Medical Evaluation

HAR-3 REV. 4/2012

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____ % *Weight _____ lbs. / _____ % BMI _____ / _____ % Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening	*Auditory Screening	History of Lead level	Date
Type: Right Left	Type: Right Left	≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	*HCT/HGB:	
Without glasses 20/ 20/	<input type="checkbox"/> Referral made	*Speech (school entry only)	
<input type="checkbox"/> Referral made		Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

*IMMUNIZATIONS

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

*Chronic Disease Assessment:

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
 If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies If yes, please provide a copy of the Emergency Allergy Plan to School

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II **Other Chronic Disease:** _____

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.

Explain: _____

Daily Medications (specify): _____

This student may: participate fully in the school program

participate in the school program with the following restriction/adaptation: _____

This student may: participate fully in athletic activities and competitive sports

participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.

Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD DO APRN PA

Date Signed

Printed/Stamped Provider Name and Phone Number

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above (Specify) _____ (Date) _____ (Confirmed by) _____

Exemption

Religious _____ Medical: Permanent _____ Temporary _____ Date _____
Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP/Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.

- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease*.

GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which must be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

* **Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nation-wide shortage of supply for such vaccine.

Initial/Signature of health care provider MD DO APRN PA

Date Signed

Printed/Stamped Provider Name and Phone Number

2014/2015

WALLINGFORD PUBLIC SCHOOLS

NURSERY SCHOOL/ PRESCHOOL PROFILE FOR INCOMING KINDERGARTEN STUDENTS

Child's Name _____ Birthdate _____

Child's Address _____

Parent/ Guardian Name & Address: _____

Telephones: _____

Parent/ Guardian Name & Address: _____

Telephones: _____

Child's Language _____ Parent/Guardian Language _____

Nursery School or Preschool _____ Teacher _____

Elementary School this child will attend in September 2014 (if known):

Cook Hill School

E.C. Stevens

Highland

Moses Y. Beach

LEARNING PREFERENCES – My child learns best:

when material is presented verbally (listening)

working alone

when material is presented visually (seeing)

working with 1 or 2 other children

when material is explored physically (touching)

working in a group of 5 or more children

Permission for Nursery School / Preschool Provider Information on Your Child

The following pages of this packet make up a checklist of skills to be completed by your child's Nursery School or Preschool Provider. This checklist will help kindergarten teachers plan for the 2014 - 2015 kindergarten class.

- The skills listed are taken from the *Connecticut State Department of Education Preschool Assessment Framework*.
- These are not requirements for kindergarten, and it is NOT expected that children will demonstrate all of the skills.
- Using Connecticut's Preschool Frameworks, the skills generally considered age appropriate for children 4 ½ years old are indicated by underline and *italic*. This is a general guideline.

PARENTAL RELEASE OF INFORMATION

I have read the completed teacher's assessment of my child and give my child's nursery school/preschool permission to forward it to the Wallingford Public Schools.

Parent/Guardian's Name

Parent/Guardian's Name

Date

Wallingford Public Schools

January 2014

Dear Preschool Directors and Teachers:

The format for sharing information about the incoming kindergarten class of 2014 - 2015 continues to include information that will assist the kindergarten teachers in planning for the students' first days in the Wallingford Public Schools.

The checklist is designed to give the kindergarten teachers a "snapshot" of the child and the skills and behaviors that he/she is currently demonstrating in your preschool setting. The additional information will help the staff ease the transition into the first days of kindergarten.

These are not requirements for kindergarten. It is not expected that children will demonstrate all of the skills listed here. Using the Connecticut Preschool Frameworks, the skills considered age appropriate for children 4 ½ years old are indicated by underline and *italic*. This is a general guideline.

IMPORTANT

The information will be used to help the kindergarten teachers prepare for this child and his/her classmates and plan appropriate activities for the first weeks of school—it is not designed to be predictive of the child's performance in school.

We appreciate your time and effort in completing this profile sheet and look forward to our visits and conversations regarding the students in the kindergarten class of 2014 - 2015. Please call your local elementary school if you have any questions or concerns.

All completed profiles should be forwarded to the appropriate school below:

Cook Hill Elementary School 57 Hall Road Wallingford, CT 06492 <u>Attn:</u> Jan Murphy, Principal	Highland Elementary School 200 Highland Avenue Wallingford, CT 06492 <u>Attn:</u> Victoria Reed, Principal	Moses Y. Beach Elementary School 340 North Main Street Wallingford, CT 06492 <u>Attn:</u> Robert Arciero, Principal	E.C. Stevens Elementary School 18 Kondracki Lane Wallingford, CT 06492 <u>Attn:</u> Nicholas Brophy, Principal
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Typical Preschool Benchmarks

Typical preschool benchmarks (based on an age of approximately 4.5 years) are indicated by underline and *italic*

Personal and Social

Shows self-direction with range of materials.

- Selects and uses a limited range of familiar materials
- Selects familiar materials; participates in unfamiliar activities with teacher support
- Usually participates in both familiar and unfamiliar activities*
- Independently selects and participates in a variety of activities

Sustains attention to task

- Sustains attention primarily to self-selected, high interest tasks
- Sustains attention to high-interest, self-selected task until complete or reaches frustration level
- Sustains attention to a variety of self-selected tasks until complete despite some frustration*
- Persists in both self-selected and teacher-directed tasks until task is completed

Participates in teacher-led group activities

- Stays briefly in a small group (up to 5) with teacher encouragement
- Joins small group (up to 10) in high- interest activities; usually participates
- Willingly participates in most whole- group activities*
- Actively participates in whole-group activities and usually waits turn

Manages transitions, follows routines and rules

- Makes transitions and follows basic routines and rules with teacher supervision
- Makes transitions and follows basic routines and rules with occasional reminders
- Makes transitions and follows routines and rules when given signal*
- Anticipates transitions and follows routines and rules independently

Uses words to express emotions or feelings

- Expresses desires or feelings, primarily nonverbally
- Sometimes expresses desires or feelings using words
- Independently identifies and expresses own feelings related to a cause using words*
- Independently identifies own feelings and their cause using words

Shows empathy and caring for others

- Sometimes notices and reacts to a familiar peer's delight or distress
- Usually notices and reacts to a familiar peer's delight or distress
- Offers to help peer in need*
- Describes how others' needs are different from own

Personal and Social - Continued

Interacts cooperatively with peers

- Works/plays alongside others
- Works/plays in association with another child
- Works/plays cooperatively with a few others
- Sustains cooperative activities with a range of children

Works to resolve conflicts

- Gives in or uses physical force to solve conflicts
- Seeks and accepts teacher help to solve conflicts with peers
- Develops solutions and works to resolve conflicts with teacher support
- Begins to solve conflicts directly with peers using appropriate strategies

Recognizes similarities and appreciates differences

- Identifies self, family members, teachers and some peers by name
- Describes similarities and differences among own family members
- Describes of similarities and differences among peers
- Demonstrates respect for differences among others

Please comment on any standards in which the child's current performance in Personal and Social Development is above or below the targeted benchmark.

Physical Development

Uses coordinated large-muscle movements

- Moves with some large-muscle control
- Moves with increased large-muscle control and coordination
- Coordinates several movements, such as running and jumping
- Coordinates more complex movements with increasing control, balance and accuracy

Uses coordinated small-muscle movements

- Uses fingers to take apart and put together small objects
- Manipulates small objects with increasing precision
- Manipulates smaller objects with refined precision
- Uses opposing hand movements to cut and draw with control

Physical Development - continued

Cares for self independently

- Performs self-care tasks with teacher's help
- Attempts to dress, eat and toilet independently with some success
- Manages most aspects of dressing, eating and toileting independently
- Dresses, eats and toilets independently

Please comment on any standards in which the child's current performance in Physical Development is above or below the targeted benchmark.

Cognitive Development

Engages in scientific inquiry

- Observes or explores and notices effects
- Experiments, observes and comments
- Experiments, observes purposefully and describes how effects vary
- Describes, predicts and plans for purposeful exploration or observation

Uses a variety of strategies to solve problems

- Moves to another activity when confronted with a problem
- Imitates other child's or repeats own strategy to solve a problem
- Tries several strategies to solve a problem with teacher support
- Creates and uses alternative strategies to solve problems independently

Sorts objects

- Uses inconsistent sorting strategies
- Sorts on the basis of one attribute with teacher support
- Sorts consistently on the basis of one attribute independently and tells reason
- Sorts the same objects in more than one way, such as color, shape, size, function

Recognizes and makes patterns

- Describes similarities and differences in items in a series
- Repeats simple pattern
- Creates and describes simple pattern
- Creates and describes complex patterns

Cognitive Development - continued

Compares and orders objects and events

- Describes similarities and differences in objects
- Makes simple comparisons and orders several events and objects
- Sequences and makes verbal comparisons on visible attributes
- Verbally compares and orders based on non-visible attributes such as time, weight

Relates number to quantity

- Uses number-related vocabulary
- Rote counts to 10 and uses number-related vocabulary with some accuracy
- Counts 10-20 objects and puts two groups of 5-10 objects in 1-to-1 correspondence
- Counts 10-20 objects and identifies groups of objects with less, same or more

Responds to and uses positional words

- Follows directions containing basic positional words
- Uses several positional words
- Uses more complex positional words and represents position in work
- Describes the relative nature of positional concepts

Uses complex sentences and vocabulary to describe ideas and experiences (in any language)

- Uses short, simple phrases or sentences
- Uses a sentence of five or more words to express a thought
- Uses a series of at least two to three related sentences to tell experiences or stories
- Uses a series of more than three related sentences and details to convey experiences or stories

Participates in conversations (in any language)

- Makes verbal responses to comments
- Participates in a short conversational exchange
- Participates in an extended conversational exchange
- Participates in an extended conversational exchange about past and future events or experiences

Shows understanding of stories

- Participates in story-related activities
- Makes connections between story and own experiences or feelings
- Describes several aspects of story, such as characters or events
- Describes with details most aspects of story including main characters and sequence of events

Cognitive Development - continued

Interacts with books and print

- Holds book and turns pages conventionally
- Describes the pictures in a book to tell a story
- Follows the printed words in a book that convey the story
- Tracks the printed words in book from left to right and top to bottom

Recognizes similar sounds in speech

- Identifies common environmental sounds
- Notices rhymes and/or similar beginning sounds
- Generates rhymes and/or similar beginning sounds in play
- Identifies words with similar sounds in work and play; connects and matches some sounds to letters

Identifies printed words

- Recognizes visual symbols in the environment
- Identifies some printed words in the context of the environment
- Identifies some familiar printed words out of context
- Uses sounds and letters to identify words in print

Uses writing to convey meaning

- Uses writing tools to make scribbles
- Writes messages using scribbles
- Writes messages using letter-like shapes and some conventional/letters
- Writes messages using several conventional words

Please comment on any standards in which the child's current performance in Cognitive Development is above or below the targeted benchmark.

Creative Expression/Aesthetic Development

Builds and constructs to represent own ideas

- Explores with sensory and building materials in repetitive
- Uses sensory and building materials with purpose
- Creates simple constructions to represent own ideas
- Creates elaborate constructions to represent own ideas

Creative Expression/Aesthetic Development - continued

Draws and paints to represent own ideas

- Draws and paints, experimenting with line, shape and color
- Draws or paints with some control and own purpose
- Creates more complex representations, experimenting with materials
- Represents with multiple details and a sense of space

Represents experiences and fantasies in pretend play

- Plays alone and imitates simple aspects of a role using realistic props and sounds
- Engages in parallel and associative play with peers
- Engages in cooperative-role play with peers
- Engages in extended, planned cooperative role-play with peers

Sings and responds to music

- Reacts to music with consistent responses
- Repeats parts of simple songs and responds to beat in music
- Sings simple songs and responds to changes in music with voice or body
- Adjusts singing and movement in response to changes in pitch and rhythm

Please comment on any standards in which the child's current performance in Creative Expression/Aesthetic Development is above or below the targeted benchmark.

GENERAL COMMENTS (these comments are very useful for kindergarten teachers – please respond with comments about the child's growth and development over the course of the 2014 - 2015 school year)

Wallingford Public Schools
KINDERGARTEN PARENT QUESTIONNAIRE

Name of Child: _____ Male: _____ Female: _____

Date of Birth: _____ Parent/ Guardian Completing Form: _____

Please answer all the questions on this form. This information will help us in planning for flexible grouping within each kindergarten class. Your responses are confidential and will be shared only with the appropriate school personnel.

1. Who was your child's caregiver prior to preschool?
 at home day care agency day care nanny/babysitter stay at home parent
 other, please describe _____

2. Did your child attend 3 year old preschool? Yes No
 If not, why not?
 personal choice location of programs transportation
 hours/schedule placed on waiting list cost
 other, please describe _____

3. Did your child attend 4 year old preschool? Yes No
 If not, why not?
 personal choice location of programs transportation
 hours/schedule placed on waiting list cost
 other, please describe _____

4. Is your family's primary language a language other than English? Yes No
 If YES, What Language? _____

5. LANGUAGE

Does your child:	YES	NO	SOMETIMES
Speak clearly?			
Speak in complete sentences?			
Communicate needs in an appropriate manner?			
Understand questions/requests when asked?			
Understand questions/requests when asked?			
Understand a three step direction (e.g., get coat, put it on, and wait by the door)?			

6. Has your child ever been tested for or received help for speech or language?
 Yes No

If you answered yes to this question, please explain:

7. ATTENTION

Does your child:	YES	NO	SOMETIMES
Sit and listen to a story?			
Respond to directions at first request?			
Stay with an activity for more than 10 minutes?			
Continue a task until completed or until asked to stop?			

8. GENERAL KNOWLEDGE

Does your child:	YES	NO	SOMETIMES
Print his/her name?			
Write some numbers from 1 to 10?			
Recognize some letters of the alphabet?			
Show an interest in books?			

9. GENERAL BEHAVIOR

Does your child:	YES	NO	SOMETIMES
Tend to react to problems physically?			
Play with friends easily?			
Change activities easily?			
Cry easily?			
Participate willingly in group activities?			
Separate from you easily?			

10. PLEASE CIRCLE THE WORDS THAT BEST DESCRIBE YOUR CHILD. CIRCLE AS MANY WORDS AS YOU WOULD LIKE.

- | | | | |
|----------------|----------|-----------|-----------|
| Quiet | Shy | Hesitant | Outgoing |
| Happy | Angry | Eager | Fidgety |
| Melancholy | Aloof | Active | Depressed |
| Cautious | Friendly | Excitable | Talkative |
| Conversational | | | |

11. PLEASE SHARE BELOW ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD THAT YOU WOULD LIKE US TO KNOW:

Wallingford Public Schools

KINDERGARTEN SESSION REQUEST

Child's Name: _____ Date: _____

Parent's Name: _____ Phone # _____

Session Requested: _____ A.M. _____ P.M. _____ Either
(Balancing classes is our priority. There is no guarantee that we can honor your session request.)

Why? (Please be specific):

PLACEMENTS

The principal makes the class placements, considering a number of factors to determine the learning environment that is most conducive to the student's learning.

It is valuable for the principal to have parental input regarding this decision. Specifically, we welcome your perspective on the type of environment in which your child learns best. You can communicate that perspective to the principal on this form or in a letter marked "confidential".

Please do not request a specific teacher for your child. Instead, describe the type of classroom experience in which you think your child will learn best. Thank you.

WALLINGFORD PUBLIC SCHOOLS
142 HOPE HILL ROAD
WALLINGFORD, CONNECTICUT

Verification of Residence

NEW ENROLLEE/STUDENT TRANSFER/CHANGE OF ADDRESS *(within Wallingford)*

Parent/Legal Guardian Statement

I (print name) _____ the parent or legal guardian of (name) _____

(address) _____ certify that the above named student actually lives full time

(typically 7 days per week) at the above address. The telephone number at the same address is _____

and the telephone number in an emergency is _____ Grade _____

This information and the documents provided are accurate. I authorize representatives of the Wallingford Public Schools to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student, and may lead to liability for tuition and to criminal penalties for fraud.

Parent/Guardian Signature: _____ Date: _____

For Transfers only

Current School *(send records)* _____ New School _____

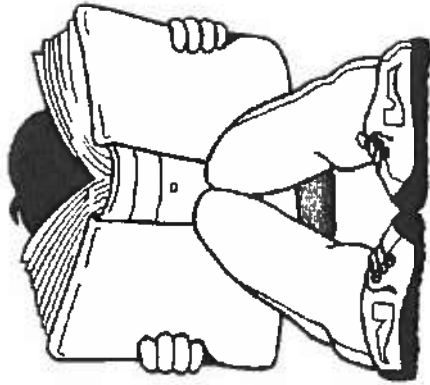
FOR OFFICE USE ONLY

In order to verify district residence, the child over 18, parents or guardians, or an emancipated minor must sign above and provide documents from any of the items listed below.

- 1. Copy of one of the following at address within the district in the parent's or guardian's name:
 - a. Deed to home or dated rental agreement showing student(s) name
 - b. Escrow papers or signed mortgage commitment
 - c. Current utility or telephone bills
 - d. Notarized letter from landlord or owner acknowledging parent/guardian's and student's residence
- 2. S:1A to be filled out by person with whom family and student reside. Verification visit by Residency Confirmation staff will follow; **child may attend school.**
- 3. Verification visit by Residency Confirmation staff (for situations not covered by 1 and 2); **child may not attend school until complete.**

Documents seen by: _____ on _____

Library Cards for Kindergarteners!



- As you register your child for kindergarten, don't forget that a library card is one of the most important school supplies—and it is free!
- A parent or legal guardian must be present during the registration process, and must sign for financial responsibility.
- Come by soon and open up a wonderful world for your child.
- If you have any questions, please call the Children's Library at 203-284-6436.

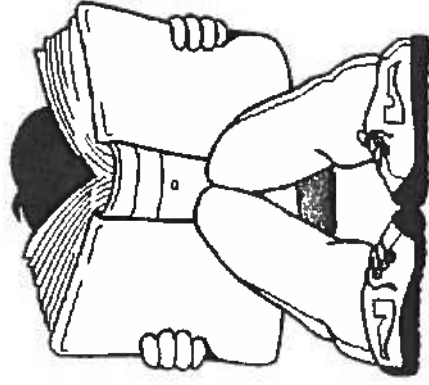


Wallingford Public Library
200 North Main Street, Wallingford, CT 06492
203-284-6436 www.wallingfordlibrary.org



Scan here for more information on Early Literacy

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WALLINGFORD PUBLIC SCHOOLS

43 HALL AVENUE
WALLINGFORD, CONNECTICUT 06492
TELEPHONE (203) 949-6500
FAX # (203) 949-6550

Mission: To inspire, educate and support all students as they discover and pursue their personal best.

SUPERINTENDENT
Salvatore F. Menzo, Ed.D
Ext. 6509

ASSISTANT SUPERINTENDENT
Shawn Parkhurst – Instruction
Ext. 6505

ASSISTANT SUPERINTENDENT
Colin McNamara- Personnel
Ext. 6508

January 6, 2014

Parents interested in enrolling their children in the Wintergreen Magnet School

Dear Parents:

Presently, one of the options that you have for your children within the Wallingford Public Schools is to enroll them in the Wintergreen Magnet School. This school, which is operated by the Area Cooperative Educational Services (ACES), the school system's Regional Educational Resource Center (RESC), serves children who are in grades K-8. The school is located in Hamden, Connecticut.

The Wintergreen Magnet School features world language instruction beginning in elementary grades and a longer school day and school year than is available in Wallingford.

The school system provides transportation free of charge for those children from Wallingford who attend the Wintergreen Magnet School.

In 2014-2015, the school system has intentions to send up to 60 children to the Wintergreen Magnet School. Presently, there are 60 Wallingford children in the school. Those who are in grades kindergarten through seven will be allowed to remain at the school next year.

The selection of the children to fill the available slots will be done by lottery among the children whose parents choose to submit a Student Registration Form, a copy of which is attached. Children whose siblings already attend the school will be given first preference for enrollment and children who are on the waiting list will be given second preference.

To be considered for enrollment, children must have Student Registration Forms sent to my office no later than 4:00 p.m. on 03/07/14. Siblings of children who presently attend the school must have forms submitted unless their names are on the waiting list. *Parents of children whose names are on this waiting list need not submit forms.* If you desire further information regarding the Wintergreen Magnet School, there will be an Information Session and Building Tour every Wednesday morning during January from 9:00 a.m. – 10:00 a.m. If you would like to tour the building in February please call the Wintergreen Magnet School to schedule an appointment. There will also be an Open House on January 29, 2014 from 5:30-6:30 p.m. with a snow date of January 30, 2014 and February 11, 2014 with a snow date on February 13th. *Interested families are encouraged to make a reservation at 281-9668 to attend one of the sessions or take a building tour.*

Sincerely,


Salvatore F. Menzo, Ed.D
Superintendent of Schools

SFM/ear

Attachment

WINTERGREEN MAGNET SCHOOL
WALLINGFORD Student Application
 (This is NOT an Enrollment Form)

Grade Area Year School Notified Initials
--

PLEASE COMPLETE A SEPARATE APPLICATION FORM FOR EACH CHILD
 If you would like to have your child attend the Wintergreen Magnet School please complete the information below.

STUDENT INFORMATION: (Please Print)

Date:

Student's First Name:

Last Name:

Street Address:

City:

Zip Code:

Home Phone:

Date of Birth:

Social Security Number:

Gender: Male

Female

Current Grade: (Circle One) Preschool K 1 2 3 4 5 6 7

Current School:

Type of School: Public Private Parochial Home Schooling

Grade Applying to: (Circle One) K 1 2 3 4 5 6 7 8

Ethnicity: (Circle One) African American Asian American American Indian Caucasian Hispanic Other

Home Language: (Please circle the one language where the student's abilities are strongest)

English

Spanish

Korean

Arabic

Japanese

Other

Does your child currently receive any of the following special services? (Please circle Yes or No)

Free Lunch: Yes No	Reduced Lunch: Yes No	Title I or Chapter I Services: Yes No
English as a Second Language (ESL) Instruction: Yes No	Bilingual Services: Yes No	
Special Education: Yes No	If yes, please specify the type of special education services below:	

Brothers/Sisters:

Name

Date of Birth

Current Grade

School

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Mother/Guardian Information

Name:

Day Phone:

Signature:

Emergency Phone:

Father/Guardian Information

Name:

Day Phone:

Signature:

Emergency Phone:

Return by March 7, 2014 to Wallingford Board of Education, 142 Hope Hill Road, Wallingford, CT 06492 to be entered in the lottery.