

Kindergarten/Young Fives Round-Up Information - 2021-22 School Year -

Dear Parent/Guardian(s):

Welcome to the East China School District!

Kindergarten/Young Five's is an incredible journey as your child embarks on a special year of discovery, learning and laughter. We are excited to announce that an addition to Kindergarten, we will once again be offering a Young Fives program for the 2021-22 school year. Both the Kindergarten and Young Fives programs require the same registration. Please review the contents of this packet carefully, complete forms as necessary, and bring everything with you to Round-Up. This preparation will help expedite the enrollment process.

This year's Round-Up will be held at each of the District's elementary schools. The schedule is as follows:

Belle River Elementary School

1601 Chartier Road, Marine City
Monday, March 22, 2021
3:30 p.m. - 6:30 p.m.

Gearing Elementary School

200 N. Carney Drive, St. Clair
Tuesday, March 23, 2021
3:30 p.m. - 6:30 p.m.

Palms Elementary School

6101 Palms Road, Fair Haven
Wednesday, March 24, 2021
3:30 p.m. - 6:30 p.m.

Pine River Elementary School

3575 King Road, China
Thursday, March 25, 2021
3:30 p.m. - 6:30 p.m.

If you are unsure as to your child's home school location, please call the Enrollment Office at (810) 676-1031 for confirmation.

Children must be five (5) years of age on or before September 1, 2021 to attend Kindergarten/Young Fives during the 2021-22 school year. Waiver request forms are available for children who will turn five (5) years old between September 2, 2021 and December 1, 2021, for those who are interested. One of the criteria for eligibility in the Young Fives program is that the child's birthdate falls between July 1 and December 1.

Please bring the following documents with you so we may copy them for our files (originals will be returned to you). State law requires that we have this information on file before your child starts school:

- Original State-issued birth certificate**
- Health immunization (vaccination) record:** For information regarding State required immunizations, see the enclosed information, contact the St. Clair County Health Department at 810.987.5300 or visit www.michigan.gov.mdhhs.
- Residency Affidavit and Proofs of Residency:** The State of Michigan requires that we have accurate records on each student's district of residence. Please complete the Residency Affidavit form and bring two (2) documents that show you live within the boundaries of the East China School District. These

documents should include a driver's license and one of the following: purchase/lease agreement, utility bill or property tax bill.

- Vision and hearing testing results:** Free vision and hearing screenings are available at the St. Clair County Health Department or through your child's doctor's office. You may schedule an appointment with the Health Department by calling (810) 987-5300. We strongly advise you to schedule this appointment prior to June 1, 2021.
- Enrollment Form:** Please complete and return.
- Family Access User Agreement Form:** Complete form with home email. Once fully enrolled, you will be sent your user name, password and instructions.
- Concussion Awareness Educational Material and Acknowledgement Form:** Please review the concussion information and return the signed acknowledgement form.
- School Vaccination Requirement Sheet and Consent for Disclosure of Immunization Information:** Please sign and return the consent form.
- Transportation Information Forms:** Please review the enclosed transportation guidelines. Both the Edulog data and Alternate Bus Stop forms must be completed, if applicable. The Alternate Bus Stop form allows your child to be picked up or dropped off at a bus stop other than your home for child care purposes. Also, if you are uncertain which school your child will be attending, staff members will be available to help at Round-Up.
- Home Language Survey:** Complete and return survey.
- Kindergarten Readiness Assessment Information:** Please review and return the completed Prior Care Information form.
- Kindergarten/Young Fives Child Information Questionnaire:** Completing this questionnaire will help us get to know your child. Please let us know if your child is currently receiving special services in speech, language, or if you have any concerns about your child's developmental progress. In addition to the questionnaire, those interested in Young Fives will be asked to schedule an appointment to have their child screened prior to determining eligibility. Dates and times will be available at Round-Up.

If you know other parents of students who are age-eligible for kindergarten, please remind them about Round-Up. Encourage them to pick up a kindergarten enrollment packet at any East China elementary school, the Administration Building or online at <https://eastchinaschools.org/enrollment/>.

Attending Round-Up and registering your child provides the school district an accurate outlook on enrollment numbers and staffing projections as well as offering parents with a wealth of information and support on how to prepare your child for the upcoming year. If you are unable to attend Round-Up, you may register your child after March 26 in the Enrollment Office at the Administration Building (1585 Meisner Road) between 8:00 a.m. and 3:00 p.m. weekdays.

I hope to meet you and your child at Round-Up!

Sincerely,

Dawn L. Demick

Dawn L. Demick
Assistant Superintendent





ENROLLMENT FORM

Please Print

Student's Name _____ Birthdate ____/____/____ Phone _____
Last First Initial

Address _____
Number & Street City/Township Zip

Previous address _____
Number & Street City/Township Zip

City of Birth: _____ Grade entering 2021-22 school year: _____

If outside the United States, when did the student enter the United States? _____

Is student of Hispanic/Latino descent? Yes No

Ethnic Group American Indian/Alaskan Native Asian African American White Native Hawaiian/Pacific Islander

Is there a custody order currently in place for this child? Yes No If yes, please provide documentation.

Check if a parent is a member of the Armed Forces on active duty: Start date: _____ End date: _____

Parent/Guardian Information

Student resides with: Father Mother Both Parents Joint Custody Grandparents Foster Care Other

Parent/Guardian Name 1 _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name 2 _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

Sibling's Name _____ Age _____ Birthdate _____ Attending which school? _____

Is your child under a long term suspension or expulsion from any previous school? Yes No

Is your child under a suspension or other consequence regarding an athletic code of conduct violation? Yes No

Has your child attended a previous school? Yes No If yes, name of school(s) _____

School Address/Phone _____

Date your child last attended school: _____

Has your child received Special Education or 504 Services? Yes No If yes, services received: _____

Home Language Survey

1. Is your child's native tongue a language other than English? Yes No If yes, what language? _____

2. Is the primary language used in your child's home or environment a language other than English? Yes No

If yes, what language? _____

Parent/Guardian Signature _____ Date _____

East China School District Residency Affidavit

Date: _____

Proof of Residency
Two of the following

- **Driver's license**
- **Purchase/Lease Agreement**
- **Utility Bill**
- **Property Tax Bill**

Child/ren reside with:

Please circle one: Mother/Father Mother Father Other: _____

Guardian 1 Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Guardian 2 Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home #: _____ Work #: _____ Cell #: _____

I declare that I am in compliance with the State of Michigan General School Laws, which require that students attend school in the district in which they live with their parents or legal guardians and that I have no other residence other than that listed on this affidavit.

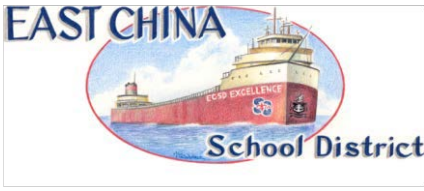
In order to affirm my residency in the East China School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this affidavit change, I must immediately notify the appropriate East China School District official.

I also understand that if a student is found to have established residency in our district by using false or inaccurate information, the student will be immediately dismissed from school, and the parents of the student will be held liable for all costs incurred while the student was enrolled in the East China School District.

Children	Grade	School(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name: _____
(Parent/Legal Guardian)

Signature: _____
(Parent/Legal Guardian)



Family Access User Agreement Form

Declaration of Parent/Legal Guardian Status and Request for User ID and Password

Each user (parent/legal guardian) must complete his/her own Family Access User Agreement Form as all users have their own individual account.

Due to FERPA (Family Educational Rights and Privacy Act), a student's educational record may only be accessed by a Parent/Legal Guardian. For the purposes of accessing ParentConnection, Parent/Legal Guardian includes both Biological/Adoptive Parent(s) or Court Appointed Legal Guardian(s).

If you are a Legal Guardian, you must provide your court documentation along with this form.

Parent/Guardian Name: _____ Circle Relationship to student
Mother Father Legal Guardian

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Email: _____

Please list all East China School District students of which you are mother, father, or legal guardian. List additional students on the back of this form.

Student's Name	School	Grade

I certify that I am the biological/adoptive parent or legal guardian of the above named student(s).

Print Name

Signature

Date

Return this form along with required documentation (if any) to the address listed below. Once this form has been processed, your Family Access user name and password will be emailed to you.

East China School District Administration Building
Attn: Lisa Volkman, Enrollment Office
1585 Meisner Road
East China, MI 48054
FAX (810) 676-1034

Concussion INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

▶ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Revised January 2019

PARENT AND STUDENT CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge that I have received and reviewed the ***Concussion Information Sheet*** provided by the East China School District and will keep the educational material for future reference.

Student Name (Printed)

Parent/Guardian Name (Printed)

Student Name (Signature)

Parent/Guardian Name (Signature)

Date

Date

Please return this signed form to your child's school or Enrollment Office if first time entering the District. The form will be kept on file for the duration of your child's attendance in the East China School District.

SCHOOLS VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Students must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect students in your care from other serious diseases is to promote the recommended vaccination schedule at www.cdc.gov/vaccines. Encourage parents to follow CDC's recommended schedule; by doing so, school requirements will be met.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.Michigan.gov/Immunize.

*If the student has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.



EAST CHINA SCHOOL DISTRICT

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §n 1232g, requires written parental consent before personally identifiable information from your child's educational records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her educational records.

You may withdraw your consent to share this information in writing at any time.

I authorize the East China School District to release my child's immunization record to the Michigan Department of Health and Human Services and St. Clair County Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help comply with Michigan law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: _____

Signature of Parent/Guardian or Eligible Student: _____

Printed Name of Parent/Guardian or Eligible Student: _____

Date: _____

East China School District
Transportation Department
Edulog Data

<input type="checkbox"/>	New Student
<input type="checkbox"/>	Address Change
<input type="checkbox"/>	Withdrawal

Today's Date _____

Last Name _____ First Name _____

School _____ Grade _____ Birthdate _____

Address _____

City _____ Zip _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Emergency Contact's Name _____ Phone _____

Emergency Contact's Name _____ Phone _____

East China School District Transportation Department Information for Parents of Kindergarteners



Bus Stop Assignments

Bus routes will be posted on the District's website at www.ecsd.us in late August.

Stop Locations

The East China School District follows State law for establishing bus stops in our district. Because of safety hazards and large neighborhoods, we cannot always provide a home stop for every student.

All students should be at their bus stop at least ten (10) minutes prior to their scheduled time as buses can run early because other students are not riding prior to your stop.

The bus driver must visibly see a caregiver at the bus stop for any student in lower elementary. Please ensure the safety of your child to and from the bus. If a child lives within the "walk zone" of a school, it is the responsibility of the parent to make sure the child arrives at the school safely.

Alternate Stop Locations

If you require a bus stop other than at your home address for child care purposes, please inform the Transportation Department using the Alternate Bus Stop form. Bus stops are established for the school year and require a 48 hour written notice if an alternate stop is requested. Requests are approved based on seat availability on desired route.

Alternate stops must be in the home school attendance area.

Schools of Choice Students

Transportation is not available for students who participate in the In-District and County Schools of Choice Programs.

Student Behavior

School transportation is considered an extension of the school day. Please review acceptable bus behavior with your child. School behavior policies are found in the Elementary Student Handbook located on the District's website at www.ecsd.us.

Frequently Asked Questions about Bus Transportation

Is the school district required to transport my child? School districts are NOT required by law to transport general education children. Michigan Compiled Law (MCL) 380.1321 outlines the obligation of the school district if its Board of Education elects to provide transportation.

Is there a law about how far child may have to walk to the bus stop? No law specifies the maximum distance a student may have to walk to a bus stop.

What about the safety of my child getting to and from the bus stop? It is the parent's/guardian's responsibility to see that a child gets safely to and from the bus stop. The School District provides transportation as a non-mandated service and establishes placement of the bus stops in accordance with the requirements of the law.

Is there a maximum bus ride time in the law? No, there is no maximum riding time in the law for children in Kindergarten through 12th grade.

Can my student ride the bus to a friend's house? No, bus passes are not provided for recreational purposes. An alternate bus stop may be allowed only with the Transportation Department's approval.

We hope this information will assist you in preparing your child for a successful school journey. Should you have any questions, please contact the Transportation Department at (810) 676.1100.

**EAST CHINA SCHOOL DISTRICT
Childcare - Alternate Bus Stop
GUIDELINES AND REQUEST FORM**

The East China School District (the District) will provide bus transportation for students to and from school via a regularly assigned bus route and bus stop. Parents may request that their child be dropped off and/or picked up at a location other than his/her regularly assigned bus stop for childcare purposes by completing and submitting this form to the Transportation Department at least 48 hours in advance. Such requests will be addressed in accordance with the following guidelines:

1. The alternative location must be within the District's boundaries.
2. The alternative location must be a regularly established bus stop on a regularly established bus run for the student's school of attendance. If the childcare site is not located at a regularly established bus stop, the District may agree to pick up and/or drop off the child at the nearest regularly scheduled bus stop. In such case, the parents are responsible to arrange for adult transportation for the child to and from the alternative stop.
3. The alternative location must be the designated stop for the **ENTIRE WEEK**.
4. Accommodation of the request must not cause the bus to exceed the mandated or District established vehicle capacity.

A parent requesting an alternative bus stop must complete and return this form.

Student's name: _____ Grade: _____

School of enrollment: _____

Location of regularly assigned bus stop: _____

Name of caregiver: _____ Phone: _____

Address of childcare site: _____

Time(s) for alternate bus stop _____ a.m. and/or _____ p.m. (check one or both)

Dates for alternate bus stop _____ Until further notified or for the following dates:

I have read this form and understand that, if approved, my child will be picked up and/or dropped off at the above specified location in accordance with the above request and guidelines.

Parent/Guardian Signature

Date

For Transportation Use Only

Date and time received:

Approved:



Home Language Survey

If a language other than English is spoken at home, please answer the following questions. Federal law requires the school district to test your student's English language proficiency. Based on the results, your student may be eligible for participation in an English Language Literacy (ELL) program and/or accommodations within the classroom.

Student's Name: _____

Date of Birth (mm/dd/yy): _____ Grade entering: _____ School: _____

Parent/Guardian 1: _____ Relationship to Student: _____

Parent/Guardian 2: _____ Relationship to Student: _____

Parent/Guardian 3: _____ Relationship to Student: _____

Parent/Guardian 4: _____ Relationship to Student: _____

Is your child's native tongue a language other than English? Yes No

If yes, what language? _____ **(The child's native tongue/language is the language most often spoken by the student.)**

Is the **primary** language used in your child's home or environment a language other than English? Yes No

If yes, what language? _____ **(The primary language is the dominant language used at home regardless of the language spoken by the student.)**

What language did your student learn first? _____

What language do you use the most to speak to your student? _____

In what language do you wish to receive communication from school? _____

Parent/Guardian Signature

Date

East China Kindergarten/Young Fives Child Information Questionnaire

Family Background

Child's Name: _____ Nickname: _____ Birthdate _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Is there a family history of learning difficulties? _____ What subject areas? _____

Has there been a divorce _____, death _____, or illness _____ in the family that might affect your child?

Social Experiences

Has your child attended preschool? _____ Name of preschool? _____

For how long? _____ How many days/hours per week? _____

Does your child play quietly or actively? _____

With whom does your child play? _____

_____ Are the children the same age as your child? _____

Does your child enjoy watching T.V.? _____ How often? _____

What activities does your child enjoy indoors? _____

Do you read to your child? _____ How often? _____

How well is your child able to remember songs and rhymes? _____

Has your child had experience with: paint? _____ crayons? _____ scissors? _____

Does your child read and write his/her first name? ___Yes ___ No

Child Development:

Is your child: right-handed? _____ left-handed? _____ undecided? _____

Is your child currently receiving (or is there a history of) services for speech or language? ___Yes ___ No

Do you have concerns about your child's progress in speech or language? ___Yes ___ No

What would you say is your child's strength(s)? _____

What would you say is your child's weakness(es)? _____

When is a good time to meet or reach you by phone?

morning _____ day / time _____ phone number _____

afternoon _____ day / time _____ phone number _____

Name of person completing this form

Relationship to Student

Date



Kindergarten Readiness Assessment 2021 Information for Families

St. Clair County RESA and the East China School District are working to improve the way we gather information about Kindergarten students at the beginning of the school year. This work is occurring in conjunction with several other states, and in partnership with the Michigan Department of Education and the Johns Hopkins University Center for Technology in Education.

What is the purpose of the Kindergarten Readiness Assessment (KRA)? The KRA will help school districts better understand how to gather information about students' skills and behaviors at the start of Kindergarten. The results from the KRA will not be used to evaluate your child's performance but can be used by teachers to inform instruction for the entire class.

When will the Kindergarten Readiness Assessment take place? The KRA will take place between the beginning of the school year and October 22nd.

What will your child be asked to do? Your child's teacher will lead your child through a series of activities and questions. The teacher will also observe your child's behavior during the normal daily routine. All activities and questions have been developed specifically for children who are just entering kindergarten.

How will data be collected and used? All the information that will be collected about your child will be kept confidential and in a secure location. No identifying information about your child will be shared.

In order to have the most complete information about children enrolling in Kindergarten, please complete the attached form and return it with the completed Kindergarten enrollment packet.

If you have any questions about the Kindergarten Readiness Assessment, please contact Dawn Demick at ddemick@ecsd.us.

Kindergarten Readiness Assessment (KRA) Prior Care Information

In order to have the most complete information about children enrolling in Kindergarten, please complete the following information about your child and return it with your Kindergarten enrollment packet.

Name of Local School District: East China School District

School: _____

Child's First Name: _____ Middle Name: _____ Last Name: _____

Child's Date of Birth: _____

What was your child's primary form of care in the last year? (Check up to 3 relevant choices). If your child was primarily at home during the last year, please check **No Prior Care**.

_____ Great Start Readiness Program (GSRP) (State funded program age 4 by Sept 1st)

_____ Head Start (Federally funded program ages 3 & 4)

_____ Early Childhood Special Education Classroom (School based preschool for special needs students with an IEP)

_____ Young Fives/Developmental Kindergarten (Plan is for child to attend regular Kindergarten next year)

_____ Child Care-Home Based (Operated out of a private home)

_____ Private Child Care Center (Commercial business that may be independent or part of a chain)

_____ Registered Family/Relative Child Care (Family or relative care provider receiving state assistance to provide care)

_____ Tuition-Based Preschool (Full or half day of instruction and learning)

_____ No Prior Care Program (Stay at home for care)

_____ Kindergarten (Child has been retained for a second year of Kindergarten)

Office use only - Data Manager Note: Y=Yes and N=No in data fields (1 Letter only)

EAST CHINA SCHOOL DISTRICT
1585 Meisner Road
East China MI 48054

Please Print

HEALTH INFORMATION

Student's Name: _____ Date: _____
 Birthdate: _____ Grade: _____ School: _____
 Student's Address: _____
 Parent/Guardian Name: _____ Phone Number: _____
 Email: _____ Cell Number: _____

MEDICAL INFORMATION

My child does **NOT** have any medical concerns

My child has the following <i>doctor diagnosed</i> medical concerns. (Check all that apply)	Required Emergency Supplies (Check all that apply)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Inhaler
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Glucagon
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Hearing Aide
<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Glasses
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Emergency Medication
<input type="checkbox"/> Seizures	<input type="checkbox"/> Epinephrine auto injector (Epipen, Auvi-Q, etc.)
Allergies (i.e. Food, Latex, Insects) – Medically diagnosed Please list allergies: _____	

Other Medical Conditions:

- Medical documentation of diagnosis must be provided to your child's school.
- Families of children with various medical concerns may be contacted to complete a Health Care Plan.

I understand that this information will be kept in the office and on child's bus (if applicable). I will update this information as my child's needs change.

Parent/Guardian Signature: _____ Date: _____