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| **Kindergarten Staggered Entry Information**  **Staggered Entry Date:** August 25th  August 26th August 27th August 28th | | |
| **PLEASE PRINT/TYPE THE FOLLOWING INFORMATION:** | | |
| **Child’s Full Name:** | | |
| **Name Child is Called:** | | |
| **Contact Information: (How can you be reached during the day today?)** | | |
| Mother’s Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number:   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Father’s Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number:   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Additional Contact Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number:   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **On the day of Staggered Entry my child will:**  \_\_\_\_ Bring his/her lunch   * Please label your child’s lunchbox inside with your child’s name and make sure your child knows which items are for lunch and which item is for snack.   \_\_\_\_ Buy his/her lunch - $2.00   * Please place your child’s lunch money in a sealed envelope with his/her name on the outside and lunch number. | | |
| **BLUE HEALTH ASSESSMENT** – Physical performed at check-up.  Have you turned in your current Blue Health Assessment?  \_\_\_\_Yes \_\_\_\_No | | **SHOTS** – Current list of required shots to enter Kindergarten  Have you turned in your up-to-date Shot Records?  \_\_\_\_Yes \_\_\_\_No |
| If you have these forms and have not turned them in, please do so prior to your child’s Staggered Entry Day. | | |
| If you have not turned in your child’s forms in due to a scheduled doctor’s appointment please let us know what day you are  scheduled to take your child to the doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Preschool/Daycare: (Please fill out completely to the best of your knowledge.)**  Has your child attended a preschool/daycare? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name(s) of schools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How long? \_\_\_\_ 6 months \_\_\_\_ 1 yr. \_\_\_\_2 yrs. \_\_\_\_ More than 2 yrs. | | |
| **Reading in the Home:**  How often do you read to your child? Every Day 2-3/Week Once a Week Once a Month | | |