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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| Additional Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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.
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| **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 KindergartenHave 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 |