



Student Information and Enrollment Form

Chimacum School District No. 49

PO Box 278, Chimacum, Washington 98325

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY				
Date Registration Received:	Date Entered into Student Information System:	Student Start/Entry Date:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunizations <input type="checkbox"/> Legal or Custody Paperwork	
School Student ID:	School Resident Area:	Food Account Number:	Homeroom/Advisor:	

STUDENT NAME Legal Last Name	Legal First Name	Legal Middle Name	Previous Name (if applicable)
BIRTHDATE (Month/Day/Year)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE LEVEL
BIRTHPLACE City State Country	STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Grandparents <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Agency <input type="checkbox"/> Other _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.			Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____			PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.			Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____		
RESIDENT ADDRESS	Street	Apt #	City	State	ZIP						
MAILING ADDRESS (If different)	Street	Apt #	PO Box	City	State	ZIP					
PRIMARY (HOME) Phone: (Include area code)						Please check if unlisted <input type="checkbox"/>					
						Please check if cell number <input type="checkbox"/>					
Guardian #1 Work Phone (include area code)			Active Military, Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Guardian #2 Work Phone (include area code)			Active Military Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardian #1 Cell Phone (include area code)			Guardian #2 Cell Phone (include area code)								
GUARDIAN #1 EMAIL ADDRESS:						GUARDIAN #2 EMAIL ADDRESS:					

FILL OUT THIS SECTION ONLY IF STUDENT HAS A PARENT/LEGAL GUARDIAN NOT LIVING AT THE ADDRESS ABOVE

SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)		Active Military Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No	SECOND HOUSEHOLD EMAIL

IS THERE A PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy to the office.
IS THERE A COURT ORDER IN EFFECT THAT LIMITS EDUCATIONAL DECISION MAKING OR CONTACT WITH THE STUDENT OR SCHOOL (RESTRAINING ORDER, PROTECTION ORDER, NO CONTACT ORDER, ANTI-HARRASSMENT ORDER, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy to the office.
Court order limits <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____

Please fill out the entire back of this form. Thank you!

PLEASE LIST SIBLINGS ATTENDING CHIMACUM SCHOOL DISTRICT			
Last Name	First Name	School	Grade

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER Name _____ Address _____ Phone Number _____
Please provide additional childcare arrangements to the school in writing.	

HAS YOUR CHILD EVER ATTENDED A PRESCHOOL(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preschool Name	Preschool Address

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN:			HAS YOUR CHILD EVER BEEN RETAINED?
Special Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title <input type="checkbox"/> Yes <input type="checkbox"/> No	LAP <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s) _____	
Highly Capable <input type="checkbox"/> Yes <input type="checkbox"/> No	English as a Second Language (ELL/ESL) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other _____			
LAST SCHOOL ATTENDED	SCHOOL DISTRICT	SCHOOL INFORMATION (Phone, FAX, City and State)	
HAS YOUR CHILD EVER ATTENDED A SCHOOL IN WASHINGTON STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED			DATE LAST ATTENDED (Month/Year)
HAS YOUR CHILD EVER ATTENDED THE CHIMACUM SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED			DATE LAST ATTENDED (Month/Year)
HAS YOUR CHILD EVER BEEN SUSPENDED/EXPELLED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) _____			

When an emergency situation occurs involving your child, we want to be able to quickly reach responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

EMERGENCY CONTACT INFORMATION

FIRST CONTACT (other than parent/guardian) Last Name _____ First Name _____ M.I. _____	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND CONTACT (other than parent/guardian) Last Name _____ First Name _____ M.I. _____	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT (other than parent/guardian) Last Name _____ First Name _____ M.I. _____	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

STUDENT RELEASE AUTHORIZATION: In the event the school is unable to contact the parents or legal guardian, I authorize my child to be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION: If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

Legal Parent/Guardian Signature _____ Date _____



CHIMACUM SCHOOL DISTRICT STUDENT MEDICAL ALERT UPDATE

DATE: _____

Student Name: _____
(Last) (First) (MI)

Health History: Please complete this form. This information is considered CONFIDENTIAL and will be available to health room staff, your child's teacher(s), building administrators and others as needed to ensure your child's safety and protection at school.

Health Concerns (please list concern/specify dates and add any pertinent details)

Allergies (i.e. Bees, food, medications):

Health conditions (for example asthma, Seizure disorder, physician confirmed Migraine headaches, diabetes):

Medications (currently taking):

Other:

Chimacum Creek Primary

Chimacum Creek Primary School
313 Ness Corner Road
Port Hadlock, WA 98339
Phone 360-302-5820

REQUEST FOR RECORDS

Date: _____

To: _____

Email: _____

Fax: _____

Phone: _____

Student's Name	Birth date	Grade
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The above student has recently enrolled in our school. Please send us school records including: Academic, Title 1 (Chapter 1/LAP), disciplinary, **original** immunization certificate and health testing, as well as all Special Education Records including, Evaluations, Assessments, IEP's & Transition Records, etc.

Please mail records to:

Chimacum Creek Primary School
Attn: Lee Stampfler
313 Ness Corner Road
Port Hadlock, WA 98339
(360)302-5820
Lee_stampfler@csd49.org

This transfer is provided for in The Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. The regulations no longer require a signed permission form by the student's parent or guardian for release of information on his/her child or children to other educational institutions. (99.34)

CHIMACUM SCHOOL DISTRICT
“CREATING THE FUTURE TODAY”

P O Box 278
Chimacum WA 98325-0278

Phone: (360)302-5811

Rick Thompson, Superintendent

FAX: (360)732-7359

School Year _____

Grade _____

CHIMACUM / PORT TOWNSEND SCHOOL TRANSPORTATION

Transportation Stop Information for a Child

Child's Name _____		Date of Birth _____ / _____	M _____ F _____ Sex
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____	
Contact Phone _____	Alternate Phone _____	Contact Phone _____	Alternate Phone _____
Address _____		Address _____	
City, State Zip Code _____		City, State Zip Code _____	

Alternative Transportation Stop Information (Daycare, Grandma's, or other)

Alternate Contact Person (drop off with prior arrangements & Bus Pass)

Students will only be dropped at Alternate location with a bus pass or on regularly scheduled days. Please communicate **daily** with your student the drop off location when using Alternate stops.

Name

Contact Phone

Alternate Phone

Address

City, State Zip Code

Alternate pick up and drop off instructions:

Student Name _____ **Grade** _____

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | | | |
|--------------------------|---------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | NOT HISPANIC/LATINO | <input type="checkbox"/> | MEXICAN / MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> | CUBAN | <input type="checkbox"/> | CENTRAL AMERICAN |
| <input type="checkbox"/> | DOMINICAN | <input type="checkbox"/> | SOUTH AMERICAN |
| <input type="checkbox"/> | SPANIARD | <input type="checkbox"/> | LATIN AMERICAN |
| <input type="checkbox"/> | PUERTO RICAN | <input type="checkbox"/> | OTHER HISPANIC/LATINO |

QUESTION 2. What race(s) do you consider your child? (Check all that apply.)

- | | | | |
|--------------------------|-------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> | ALASKA NATIVE |
| <input type="checkbox"/> | WHITE | <input type="checkbox"/> | CHEHALIS |
| <input type="checkbox"/> | ASIAN INDIAN | <input type="checkbox"/> | COLVILLE |
| <input type="checkbox"/> | CHINESE | <input type="checkbox"/> | COWLITZ |
| <input type="checkbox"/> | FILIPINO | <input type="checkbox"/> | HOH |
| <input type="checkbox"/> | HMONG | <input type="checkbox"/> | JAMESTOWN |
| <input type="checkbox"/> | INDONESIAN | <input type="checkbox"/> | KALISPEL |
| <input type="checkbox"/> | JAPANESE | <input type="checkbox"/> | LOWER ELWHA |
| <input type="checkbox"/> | KOREAN | <input type="checkbox"/> | LUMMI |
| <input type="checkbox"/> | LAOTIAN | <input type="checkbox"/> | MAKAH |
| <input type="checkbox"/> | MALAYSIAN | <input type="checkbox"/> | MUCKLESHOOT |
| <input type="checkbox"/> | PAKISTANI | <input type="checkbox"/> | NISQUALLY |
| <input type="checkbox"/> | SINGAPOREAN | <input type="checkbox"/> | NOOKSACK |
| <input type="checkbox"/> | TAIWANESE | <input type="checkbox"/> | PORT GAMBLE KLALLAM |
| <input type="checkbox"/> | THAI | <input type="checkbox"/> | PUYALLUP |
| <input type="checkbox"/> | VIETNAMESE | <input type="checkbox"/> | QUILEUTE |
| <input type="checkbox"/> | OTHER ASIAN | <input type="checkbox"/> | QUINAULT |
| <input type="checkbox"/> | NATIVE HAWAIIAN | <input type="checkbox"/> | SAMISH |
| <input type="checkbox"/> | FIJIAN | <input type="checkbox"/> | SAUK-SUIATTLE |
| <input type="checkbox"/> | GUAMANIAN or CHAMORRO | <input type="checkbox"/> | SHOALWATER |
| <input type="checkbox"/> | MARIANA ISLANDER | <input type="checkbox"/> | SKOKOMISH |
| <input type="checkbox"/> | MELANESIAN | <input type="checkbox"/> | SNOQUALMIE |
| <input type="checkbox"/> | MICRONESIAN | <input type="checkbox"/> | SPOKANE |
| <input type="checkbox"/> | SAMOAN | <input type="checkbox"/> | SQUAXIN ISLAND |
| <input type="checkbox"/> | TONGAN | <input type="checkbox"/> | STILLAGUAMISH |
| <input type="checkbox"/> | OTHER PACIFIC ISLANDER | <input type="checkbox"/> | SUQUAMISH |
| | | <input type="checkbox"/> | SWINOMISH |
| | | <input type="checkbox"/> | TULALIP |
| | | <input type="checkbox"/> | YAKAMA |
| | | <input type="checkbox"/> | OTHER WASHINGTON INDIAN |
| | | <input type="checkbox"/> | OTHER AMERICAN INDIAN/ALASKA NATIVE |

FOR OFFICE USE ONLY Verification: Self _____ Obs _____ Date _____



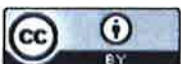
Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>	
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten - 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12th grade)</p> <p>_____</p> <p>Month Day Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Chimacum Creek Primary School
PHOTO OPT-OUT FORM

May we publish your child's photograph?

Throughout the school year, the Chimacum Creek Primary School teachers and other staff take photographs of students participating in school activities. These photographs may appear in local newspapers or be used in the School District's newsletter and other publications, or may appear on the Chimacum School District's Website.

If you **DO NOT** want your child's photo to be published in district publications including school yearbook and school Student of the Month Wall, on the website or in local newspapers or television, please fill out the form below and return it to the Chimacum Creek Primary School Office.

Request Not To Publish Child's Photo:

Please list the students name and grade level:

Chimacum Creek Primary School

Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

Parent's/Guardian's Names: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

Comments/additional information:

PARENT/GUARDIAN SIGNATURE DATE

Dear Families,

Date _____

Cedars (state/Federal) reporting is requiring school districts report on military family status.

Please complete the following information:

Student name: _____ Grade: _____

1. Student/Family has member currently active in the military
2. Current member of Reserves
3. Current member of WA National Guard
4. More than one parent/guardian in the above
5. No parent/guardian is serving

New 1st and 2nd Grade Student Parent Input Chimacum Creek Primary School

Parents are invited to provide specific information about their child by completing this form. Our goal is to make the best possible placement decisions based on information available for each student. If you would like to discuss additional concerns with the principal or primary counselor, please feel free to do so. In completing this form, please be as concise as possible.

Student Name: _____ Goes by: _____

Grade: _____ Last School Attended _____

Please share any helpful information for our considerations of classroom and teacher for your child.

Academic: Strengths _____

Weaknesses _____

	Poor		Average		Excellent
Study habits	1	2	3	4	5
Enjoyment of school	1	2	3	4	5

Special Programs: (Please check the ones your child has attended)

Resource Room (Special Education) _____
Title I (Chapter, LAP) Math _____ Reading _____
Physical Therapy _____
Gifted/Talented _____
Other: _____

Medical: _____

Medication: Administered at home _____
Administered at school _____
(Authorization for Administration of Medication Form is required)

Social/Emotional: _____

Other: _____



Welcome to Chimacum Creek Primary Csd49.org

The following are a few of the office policies at
Chimacum Creek Primary:

1. **Call the office** if your child is absent. 302-5820
2. **If your child is late**, a tardy slip must be issued before they go to class.
3. When picking up your child early from school, **check them out in the office** and your child will be called from class.
4. If your child has different after school plans, **please write a note**.
5. When visiting or volunteering, please sign in at the office and **wear an ID badge or sticker**.
6. For questions regarding the bus, please call Transportation at 302-5811.
7. **Party invitations are not allowed** to be distributed at school and balloons are not allowed on the bus.
8. **Do not park** in front of the school, this is a fire lane.

Important Phone Numbers

Office:	360-302-5820
Transportation:	360-302-5811
Cafeteria:	360-302-5806
District Office:	360-302-5890



Preschool



Preschool



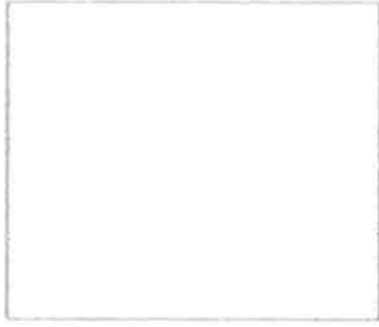
Kindergarten



First



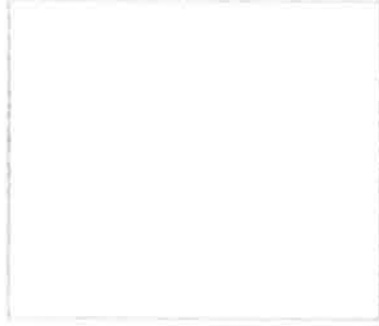
Second



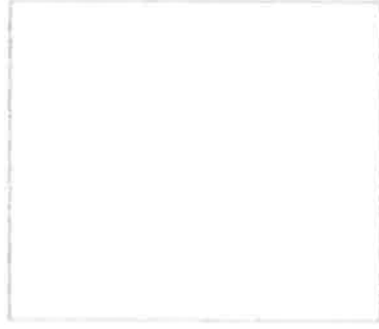
Third



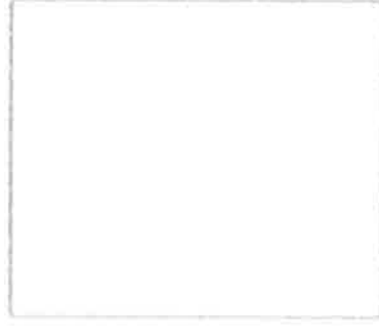
Fourth



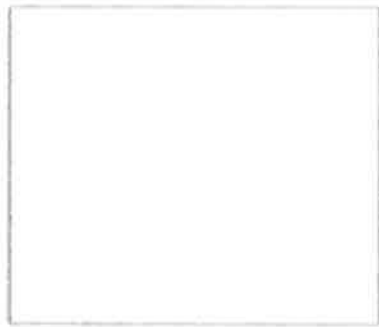
Fifth



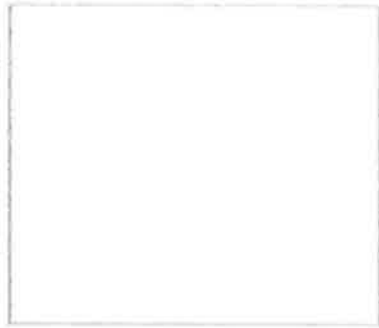
Sixth



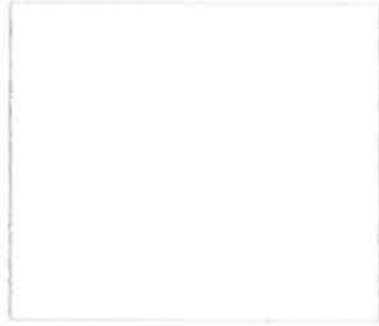
Seventh



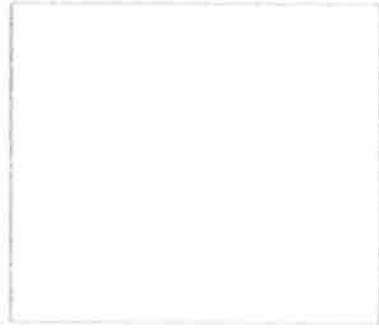
Eighth



Ninth



Tenth



Eleventh



Twelfth



PLEASE SEND A NOTE

If your child's after school plans are different than their routine school day, a note is required. Please send a note with your child stating first and last name, the date, bus stop, and the bus number. All notes are to be turned into the office for your child to receive a bus pass. If you do not know the number of the bus your child is to ride, call the transportation office at 302-5811 for all questions regarding busing, routes, and drop off or pick up points and times. If someone else will be picking up your child please send a note. With many adult legal restrictions, the office staff does not know who you are on the telephone, and we want to ensure the safety of your children.

Thank you,
Chimacum Creek Primary School Office

NEW KINDERGARTEN STUDENT PARENT INPUT
Chimacum Creek Primary School

Parents are invited to provide specific information about their child by completing this form. Our goal is to make the best possible placement decisions based on information available for each student. If you would like to discuss additional concerns with the principal or kindergarten teachers please feel free to do so. In completing this form, please be as concise as possible.

State Funded Full day kindergarten hours are from 9:05-3:40.

Please note we are not taking teacher request! List below any separations from children that should be made, such as cousins, neighbors, or social cliques.

Student Name: _____ **Goes by:** _____

Separate my student from: _____

Request: Full day _____

Half-day _____

Do you plan to volunteer in your child's classroom?

Yes No Regularly Occasionally

Preschool: _____

Medical: _____

Medication: Administered at home _____

Administered at school _____

(Physician's form needed)

Please Turn Page Over

Kindergarten Readiness

Circle the number that most closely describes your child with 1 being not at all, 2 occasionally, 3 most of the time, and 4 always

Regulates own emotions and behaviors	1	2	3	4
Responds to changes in an adult's tone of voice and expression	1	2	3	4
Accepts redirection from adults	1	2	3	4
Follows familiar safety rules	1	2	3	4
Establishes and maintains positive relationships with peers and adults	1	2	3	4
Initiates joins in and sustains interactions with a small group of 2-3 children	1	2	3	4
Engages in simple back and forth exchanges in conversation	1	2	3	4
Uses language to express thoughts and needs	1	2	3	4
Takes responsibility for own well being	1	2	3	4
Comfort level when separated from parent	1	2	3	4
Can take care of bathroom needs independently	1	2	3	4

Other information helpful in class placement:

Please Turn Page Over

BIRTH CERTIFICATES

If your child was born in the state of Washington you may order an original birth certificate at the Jefferson County Health Department. 360-385-9400

Kindergarten FAQ:

Q: How does my child get placed in a kindergarten class? Can I request a teacher?

A: District policy does not allow parents to request a specific teacher. Children are assigned to a class to ensure there is a balance of boys, girls and ages.

Q: What can I do to ensure my child is ready for kindergarten in the fall?

A: Help them by working on self-help skills such as: putting on their own coat, toileting, fastening shoes and following through with multi-step instructions. You can help by practicing, letter identification, sound recognition, number writing, counting and writing their name.

Q: What kind of art/enrichment is included in full-day kindergarten? What does a typical schedule look like?

A: Students receive 30 minutes/day for specialists that include music, P.E. and library. A typical day is divided into blocks that consist of 90 minutes of ELA, 75 minutes of math, 30 minutes of writing instruction, 45 minutes of structured play time and 40 minutes of recess. Social studies, art and science are added within the existing curriculum and as time allows.

Q: What is the WaKids assessment?

A: It is a comprehensive inventory that all kindergarten students in the state participate in. They are similar to the questions that you are asked at well-child check-ups at the doctor in regards to development (physical, social and emotional development). In addition to this assessment, there will be no kindergarten classes on the first 3 Fridays in the school year in order to have parent/teacher conferences to discuss your child.

Q: Is there nap time or rest time in kindergarten?

A: Each teacher has some version of quiet or rest time in their day, typically after lunch. Children are not expected or encouraged to take a nap, but are allotted time to rest and prepare for the second half of the day. This is something that phased out as the year progresses.

Q: What do I do if I feel like all day is too long for my child? What if they didn't attend preschool?

A: It is encouraged that your child attends all day to ensure they don't miss any vital instruction. We structure our days in order to complete the bulk of our academic work in the morning and provide enrichment opportunities in the afternoon. If your child did not attend preschool, they may need some to adjust to the new schedule, but you will most likely be surprised at how quickly they acclimate.

In special circumstances half-day accommodations can be made, but it is not recommended.

Q: What is the curriculum that you use for math and literacy? What are the academic expectations by the end of the year?

A: For ELA, we use Houghton Mifflin Journey's and for math Engage NY, both of which are common core aligned. By the end of the year kindergarteners are expected to ID numbers to 31, count to 100, basic addition and subtraction, blend and segment 3-4 letter words, comprehend text from read-a-louds and write simple sentences with capitals, spaces, correct spelling of high-frequency words and punctuation.

Q: What does my child need for the start of school?

A: A backpack with their name on it along with a spare set of clothes (pants, underwear, socks and shirt) for spills and/or accidents. School supply lists will be available before school starts.

Kindergarten – No Receiving Adult

In order to ensure the safety of our youngest students, the Chimacum/Port Townsend Transportation Co-Op, ask that the following form be completed for Kindergarten students that ride the bus home from school, and do not require the presence of an adult.

Student Name: _____

School: _____

Bus Stop: _____ Route # _____

Please check below noting:

_____ No Receiving Adult required for my child at the bus stop

Signature of Parent/ Guardian

Date

Print Name

Chimacum Creek Primary School Supplies 2019-2020



Kindergarten

- 4 glue sticks
- 2 folder w/pockets – Plain, plastic
- 2 boxes Crayola Crayons-24
- 2 pink erasers
- 1 supply box (pencil size)
- 2 dozen pencils-sharpened
- 1 box Crayola Classic markers, broad tip
- 1 box Crayola colored pencils-sharpened
- 1 box Kleenex
- 1 box gallon size ziplock bags
- 1 box ziplock sandwich bags
- 1 box Crayola watercolors (8 color)

All kindergarten supplies are being provided at no cost to our kindergarten students.

First Grade

- 2 boxes Crayola Crayons-24
- 6 pink erasers
- 4 glue sticks
- 2 boxes Crayola Classic markers
- 3 plastic folders with 3 prongs, plain colors
- 2 boxes Crayola colored pencils-sharpened
- 2 composition notebooks
- 1 supply box (pencil size)
- 2 dozen pencils
- 1 box dry erase markers, multicolor, chisel tip
- 3 boxes Crayola watercolors (8 color)
- 1 box Kleenex

Second Grade

- 2 boxes Crayola Crayons-24
- 15 glue sticks
- 2 dozen pencils-sharpened
- 1 box Crayola Classic markers
- 1 box colored pencils-sharpened
- 6 spiral notebooks
- 5 plastic pocket folders (red, orange, yellow, green, blue)
- 1 box Crayola watercolors (8 color)
- 1 supply box
- 1 pair of scissors (medium size 7")
- 1 ruler
- 1 box Kleenex

This is a basic list for each grade. Individual teachers may require additional supplies. **ALL supplies are shared. Please do not label supplies.**

Chimacum PTSA is selling school supply kits with the above listed supplies for \$15. They will be available in the office from the time class lists are posted.

It is encouraged to keep a spare set of clothes in your child's backpack (pants, underwear, socks and shirt) for spills and/or accidents.

