

# Kindergarten Round-Up Packet



If your child will be 5 by September 15, 2020, your child can be registered for kindergarten. We have four elementary schools within our district: Aurora Heights, Emerson Hough, Thomas Jefferson and Woodrow Wilson. The elementary school your child will attend is determined by your address within our district.

## Registration

1. **New families** - go to the district office to turn in the Kindergarten Round-Up Packet and complete the online registration. You will need a copy of the child's birth certificate, immunization records and proof of residency. The district office is located at 1302 1st Ave W. Please call Melinda Worthington to set up a time to register. **Please turn in packet by March 2, 2020**
2. **Families with other students currently enrolled in our district** - fill out the Kindergarten Round-Up Packet and turn into the district office or current elementary school. In addition to the packet you will need a copy of the child's birth certificate and immunization records (if updated). The kindergarten student will be added to Infinite Campus by the parent during the re-enrollment process for other currently enrolled students. **Please turn in packet by March 2, 2020**

## Next Steps

1. Attend the Parent Meeting on March 24, 2020 @ 6:00 pm at your child's elementary school. At that time you will find out what time slot your child will attend Kindergarten Round-Up and what forms will be required before your child starts Kindergarten.
2. Mark your calendar for the Kindergarten Round-Up day and time (and possible conference).

## Kindergarten Round-Up

- **All students** will attend Kindergarten Round-Up at Thomas Jefferson Elementary (112 Thomas Jefferson Rd)
- Thomas Jefferson and Woodrow Wilson incoming students: Monday March 30, 2020
- Aurora Heights and Emerson Hough incoming students: Monday April 6, 2020
- Kindergarten Round-Up Sessions: 8:00-10:00am, 10:30am-12:30pm, 1:30-3:30pm (select preference on the next page). There are limited slots in each time frame and they will be assigned by the date your registration is completed.
- Post Round-Up Conferences (if needed): April 20, 2020 Teachers will contact you to set a time.

The following questions are designed to provide information that will enable us to understand your child and meet his/her needs.

**PERSONAL INFORMATION:**

Child's given name: \_\_\_\_\_ Name to be used at school: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Family Address: \_\_\_\_\_ Phone # \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Other members living in that household? \_\_\_\_\_

**SOCIAL/EMOTIONAL DEVELOPMENT**

Has your child attended Preschool? Yes No \_\_\_\_\_ number of years

Has your child attended Daycare?

Yes No \_\_\_\_\_ in home \_\_\_\_\_ center \_\_\_\_\_ number of years

Does your child have any fears that would affect him/her in the classroom?

\_\_\_\_\_

\_\_\_\_\_

Describe how your child usually meets new situations: shy/afraid/confident/loud/over active

\_\_\_\_\_

\_\_\_\_\_

**Medical Information**

Does your child have any food/medicine/environmental allergies? Yes/No (please circle response)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical/medical concerns or limitations that we should be aware of?

Yes/No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child take medication on a regular basis? Yes/No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Will this medication need to be administered at school? Yes/No

**Expectations For School**

Is your child looking forward to coming to school? Yes/No (please circle response)  
Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

List several expectations you have for your child’s kindergarten experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the space below, write anything you think the teacher should know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Round-Up Attendance:**

8 am - 10 am	<input type="checkbox"/> 1st choice	<input type="checkbox"/> 2nd choice	<input type="checkbox"/> 3rd choice
10:30 am - 12:30 pm	<input type="checkbox"/> 1st choice	<input type="checkbox"/> 2nd choice	<input type="checkbox"/> 3rd choice
1:30 pm - 3:30 pm	<input type="checkbox"/> 1st choice	<input type="checkbox"/> 2nd choice	<input type="checkbox"/> 3rd choice

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To be completed at NCSD office:

Date Rec’d: \_\_\_\_\_ Student ID: \_\_\_\_\_ Building: \_\_\_\_\_