

January 4, 2012

Dear Parents:

Five-year-old kindergarten registration for the 2012-2013 school year will be held at Erin School on Friday, February 17<sup>th</sup>, 2012. Students entering and registering for kindergarten must turn 5 years old on or before September 1, 2012.

Please bring your child to school at 12:30 p.m. on February 17<sup>th</sup>. **ALSO, PLEASE BRING YOUR CHILD'S BIRTH CERTIFICATE.** An informational meeting will be held in Room 113 at 12:30 p.m. for parents while the children are involved in activities in the other kindergarten room. The meeting will be about one hour long. We would like to have your child remain at school until 2:30 p.m. During this time, he/she will be involved in some fun activities, and will be provided a snack and milk. **Please drop off and pick up your child in Mrs. Zuge's kindergarten room (#115). Children are to be picked up by 2:30 p.m.**

Registration serves as a day to screen entering 5K students, and acquaint them with their prospective teachers. The purpose of screening is to help the school and teachers in planning for the upcoming school year. Screening also serves to give parents information on appropriate development and offer recommendations accordingly.

If you know of any parents of 5 year olds in the Erin School District that are not currently enrolled at Erin that have not received this letter, please ask them to call Donna Runte at 673-3720 ext. 4001.

Sincerely,

Nicole Zuge  
Katie Gleisner  
Michelle Sievers





4. Check the characteristics that apply to your child:

- |  |  |
|--|--|
| <input type="checkbox"/> Well adjusted           | <input type="checkbox"/> Temper tantrums   |
| <input type="checkbox"/> Fear of new things      | <input type="checkbox"/> Sulks             |
| <input type="checkbox"/> Destructive             | <input type="checkbox"/> Sleeping problems |
| <input type="checkbox"/> Day dreams              | <input type="checkbox"/> Bites nails       |
| <input type="checkbox"/> Eating problems         | <input type="checkbox"/> Whines            |
| <input type="checkbox"/> Easily angered          | <input type="checkbox"/> Sucks thumb       |
| <input type="checkbox"/> Does not like to share  | <input type="checkbox"/> Jealous           |
| <input type="checkbox"/> Responds well to praise | <input type="checkbox"/> Wets the bed      |

5. What would you say are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_

6. What would you say are your child's weaknesses? \_\_\_\_\_  
\_\_\_\_\_

7. Is he/she able to separate easily from the parent? \_\_\_\_\_  
\_\_\_\_\_

8. Does he/she have any fears? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

9. Were the pregnancy and birth normal? If not, please explain \_\_\_\_\_  
\_\_\_\_\_

10. At what age did your child begin to speak in phrases of 2 to 3 words? \_\_\_\_\_

11. At what age did your child begin speaking in complete sentences? \_\_\_\_\_

12. Is your child's speech understandable to people other than immediate family members?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_  
\_\_\_\_\_

13. List any specialists who have seen your child for:

Medical \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Vision \_\_\_\_\_

## Social Experiences

1. Has your child attended preschool? Yes \_\_\_\_\_ No \_\_\_\_\_  
Which one? \_\_\_\_\_ For how long? \_\_\_\_\_  
How many days a week? \_\_\_\_\_
2. Would you say your child is a leader or a follower? \_\_\_\_\_
3. Do you feel your child interacts well with peers? \_\_\_\_\_
4. What activities does your child enjoy? \_\_\_\_\_  
\_\_\_\_\_
5. Do you read to your child? Yes \_\_\_\_\_ No \_\_\_\_\_  
How often? \_\_\_\_\_
6. Is your child able to remember songs and rhymes?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Your child is able to sit still and concentrate on a task for:  
\_\_\_\_\_ 0-5 minutes  
\_\_\_\_\_ 10-15 minutes  
\_\_\_\_\_ 20 minutes or more
8. What would you like your child's teacher to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_
9. When is it a good time to call you? Time \_\_\_\_\_  
Where? \_\_\_\_\_ Phone # \_\_\_\_\_
10. Name and address where your kindergartner will be:  
Picked up: \_\_\_\_\_  
Dropped off: \_\_\_\_\_  
We request that you keep your pick-up/drop-off location consistent; please not one day here, one day there, etc.  
Please let the bus company know before school starts if there are pick-up and drop off points other than home.  
Since bussing is provided, we assume your child will be riding the bus unless you tell us otherwise.  
Are you interested in our After School Program (Daycare from 3:16-6 pm)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No