

Character ~ Curriculum ~ Climate ~ Community

District Enrollment Information

We would like to warmly welcome you to the Caledonia Community Schools' "family". We look forward to working with you in providing a quality educational experience for all of Caledonia's children. Be sure to look online at www.calschools.org for additional information about our schools.

Early Childhood Programs

Duncan Lake Early Childhood Center houses a variety of programs for our youngest community members. Some of these programs include, young fives, preschool, childcare, Bright Beginnings, Special Education Services birth through five, and developmental screening. The DLECC offers many other services to our community. If you have questions regarding any of these programs or just wish to find out more about the center please call 891-6220.

Elementary Enrollment

Caledonia has five elementary schools: Caledonia Elementary, Dutton Elementary, Emmons Lake Elementary, Kettle Lake Elementary and Paris Ridge Elementary four of which operate on a traditional school calendar and one operating on an alternate calendar. (The alternate calendar, available at Emmons Lake, runs the same number of school days as the traditional schedule but has a shorter summer break, and additional vacations spread throughout the school year.)

Registration packets for elementary students are conveniently located at each elementary building as well as the administrative office and the district website. Proof of residency, immunizations, and birth certificate are needed for registration. Please contact Maggie Ruple at (616) 891-7033 to begin the elementary school enrollment process.

Many factors are considered when assigning families to an elementary school. Factors considered when making placement decisions are:

- number and grade level of all siblings in family
- preference for traditional or alternative calendar
- class size
- geographic location
- health, learning or other special needs
- other

Middle School Enrollment

Kraft Meadows Middle and Duncan Lake Middle Schools house 6th, 7th and 8th grade students. Debbie Near is the Kraft Meadows Middle School registrar and Carole Forton is the Duncan Lake Middle School registrar. Either would be happy to help with the enrollment of your middle school children. Please call Debbie at 891-0238 or Carole at 891-1380 to set up an appointment. Proof of residency, immunizations, and birth certificate are needed for registration.

Continued on back

High School Enrollment

Caledonia High School includes grades 9th-12th. Please call the registrar, Chris Koryto, in the student services office for more information and to set up an appointment for registration of your high school students, 891-0214. Proof of residency, immunizations, and birth certificate are needed for registration.

Transportation

Transportation is provided for all resident students of Caledonia Community Schools. Please call our transportation office for more information regarding the busing of your students to and from school at 891-0224.

Caledonia Resource Center

The Caledonia Resource Center offers a variety of lifelong learning experiences for you and your family. Programs and classes are offered for every age group. The CRC hopes that you will find just the right class to develop a new skill or hobby, improve your health or financial well-being, and enrich your life. Please call 891-8117 for more information.

You can also find out more about Caledonia Community Schools at our website www.calschools.org. As always we are interested in your comments and suggestions. We look forward to welcoming your family as a member of the Caledonia Community Schools.



Caledonia Community Schools Young 5/Kindergarten Enrollment Packet

Dear 2017-2018 Young 5/Kindergarten Families,

Thank you for your inquiry regarding Young5/Kindergarten registration for the 2017-2018 school year. If this is your first child to enter the Caledonia Community Schools' family, we would like to warmly welcome you. If you are a returning school family, we look forward to continuing to work with you in providing a quality educational experience for all of Caledonia's children.

Caledonia Community Schools are recognized throughout West Michigan as a district of excellence that provides high quality and innovative educational experiences for our students. Caledonia Community Schools' mission statement is: *"In pursuit of excellence, we will empower and equip all persons to achieve their best by ensuring the highest quality system for learning."* We take this mission very seriously and try to work in partnership with our families and our community to educate our children for their future while being good stewards of community resources. You may wish to check out the Caledonia Community Schools website at: www.calschools.org.

Enrolling a child in Young 5 or Kindergarten is an exciting time. It is our goal to make this process as easy as possible, while providing our schools with necessary information to complete enrollment. In this packet you will find the necessary forms to enroll your child for the 2017-2018 school year, along with general information about the registration process. Our efforts are aimed at providing clear communication with families in addition to creating a process that is both educationally sound and fiscally responsible. **We ask that ALL parents/guardians carefully read the information provided in this packet.**

If you have questions about Caledonia Community Schools or about the Young 5/Kindergarten registration and enrollment process, please call Duncan Lake Early Childhood Center at 616.891.6220.

If you know of another family who should receive a packet, please ask them to contact us. We look forward to welcoming the class of 2029-2030!



REQUIRED FORMS

Due 3/10/2017 to be considered for first round

DISTRICT-WIDE ENROLLMENT FORM (Yellow form) – This form provides us with general information that will help plan for your child’s enrollment. Please note that we are asking you to attach a 3x5 picture of your child. This will help us identify children by name so that we may warmly greet them on the first day of school. We do not need a “professionally” taken picture, a candid snapshot will be sufficient. Please label the back of the picture with your child’s name.

YOUNG 5/KINDERGARTEN PREFERENCE FORM (Pink form) – We are asking you to share your preferences for program and building placement. Please note that we are asking for preferences, and will do our best to accommodate. **We cannot promise that all preferences will be honored.** First priority will be given to siblings, so that all currently enrolled children from the same family can attend the same elementary school. Once again, we will make every attempt to honor your requests; however, there are many factors that will be considered when assigning children to programs and schools. Factors considered when making placement decisions are:

- Readiness skills
- Health, learning, or other special needs
- Siblings enrolled in elementary programs
- Preference for traditional or alternative calendar
- Class size
- Geographic location – transportation considerations
- Other

KINDERGARTEN READINESS CHECKLIST (Golden form) – Our staff would like to get to know your child through your eyes as parents. Please fill out the checklist and return with other required documentation.

PROOF OF RESIDENCY – Please provide a photocopy of a current tax or utility bill, or other official document to prove residency within Caledonia Community Schools’ borders.

BIRTH CERTIFICATE – Please provide a photocopy of your child’s state birth certificate, with state seal; **NOT** the hospital issued Certificate of Live Birth. This can be obtained through the county in which your child was born.

HEALTH APPRAISAL FORM (Green form) – School enrollment requires proof of immunizations. Please contact your family doctor or health department for an appointment. This process may take some time to complete; we encourage prompt attention to this matter. Please make sure that the entire form is completed, front **AND** back. A parent signature is required on the front of the form, as well as healthcare provider’s signature on the back of the form.

VISION AND HEARING SCREENING FORMS (Blue form) – School enrollment requires vision and hearing screening. This can be done by your family doctor or the health department. If your child was screened by the health department during preschool, please return the result form you were given stating pass or fail status.

TRANSPORTATION INFORMATION (Purple form) – We require parents to have a consistent pick up location and one location only for drop off of their children after school. If students are picked up or dropped off at childcare, that address must be listed. Doing so will help ensure the safety of all children and avoid unnecessary confusion. **Parents with questions regarding transportation should call our Transportation Department at 616.891.0224.**

Important Notice

MARCH 2, 2017 – PARENT NIGHT

Parents/guardians of all incoming students are strongly encouraged to attend the informational meeting on Thursday, March 2, 2017 at 7:00 p.m. in the Performing Arts Center at Duncan Lake Middle School. At the meeting you will hear a brief presentation about our programs and have an opportunity to ask questions about the enrollment process. We anticipate approximately 300 five year old students being enrolled in our programs this fall.

MARCH 10, 2017 – ENROLLMENT PACKETS DUE

Registration forms are due by this date to be considered for first round placement into preferred buildings. *If you are unable to return all required information by this date, please return as much information as possible in the enclosed envelope.*

MARCH 23, 2017 – SCREENING

If you are unsure of your child's best program placement, your child will be invited to attend either a morning or afternoon visitation session at Duncan Lake Early Childhood Center. This visitation will provide an opportunity for your child to come and visit school. He/she will have a chance to spend some time in a typical kindergarten environment. We will read a story, do activity stations and have free choice time. This visitation will allow children to experience a kindergarten routine, and will also allow our staff to observe the children in action. Information gleaned from the observation will be used in recommending placement into either the Young 5s or Kindergarten programming.

You will receive information via mail indicating the visitation session that your child has been assigned to attend. Please do your best to have your child attend the session to which he/she has been assigned. The visitation session will be from 9:15 – 11:00 a.m. or 12:15 – 2:00 p.m.

*Please note: We will only be screening the students whose parents are **UNSURE** of their child's best placement. Your child will **not** be attending the screening if your preference is definitive for one program over the other. Packets are due March 10, 2017 regardless of your preferred program.*

April, 2017 – BUILDING PLACEMENT NOTIFICATION

If the interest in a particular program exceeds availability, Caledonia Community Schools reserves the right to assign students based on their birth date. We expect to advise parents of their child's program placement, Young 5s or Kindergarten, and building assignment by late April. We will contact parents if there are questions or concerns arising from the enrollment and/or visitation processes. We will make every effort to get pertinent information to parents/guardians in a timely manner so childcare arrangements can be made, if needed. We believe this process will also help our schools plan the best experience for your child.

SUMMER 2017 – CLASSROOM ASSIGNMENT

Classroom teacher assignments will be mailed to parents or posted at the assigned school as soon as the information becomes available. Classroom assignments are determined by the individual elementary school.



SCREENING INFORMATION

Only students whose parents/guardians are unsure of placement will be screened.

We will be screening students whose parents are unsure of their child's best placement for September, 2017. Your child will **NOT** be attending the screening if your preference is a **definitive** Young 5 or Kindergarten program. Completed registration packets are due before March 10th regardless of your preferred program. Screening will take place on March 23, 2017, at Duncan Lake Early Childhood Center. You will receive information via mail with screening details. Letters regarding your child's program and building placement will be mailed in late April, 2017. *Please note: if the interest in a particular program exceeds availability, Caledonia Community School District retains the right to assign students based on their birthdate.*

PROGRAM INFORMATION

YOUNG 5

The location of the Young 5 program will be at Duncan Lake Early Childhood Center. Children from anywhere in the district may qualify for this program. The Young 5 program meets every day, all day long. Transportation will be provided for those who are placed in this program. Children placed in the Young 5 program can return to their neighborhood school for kindergarten.

- *DUNCAN LAKE EARLY CHILDHOOD CENTER* 9751 Duncan Lake Avenue, SE 616.891.6220

KINDERGARTEN

Kindergarten programs are available at the following elementary buildings:

- *CALEDONIA ELEMENTARY SCHOOL* 9770 Duncan Lake Avenue, SE 616.891.8181
- *DUTTON ELEMENTARY SCHOOL* 3820 68th Street, SE 616.698.8982
- *EMMONS LAKE ELEMENTARY SCHOOL* 8950 Kraft Avenue, SE 616.528.8100
- *KETTLE LAKE ELEMENTARY SCHOOL* 8451 Garbow Drive, SE 616.868.6113
- *PARIS RIDGE ELEMENTARY SCHOOL* 4690 Paris Ridge Drive, SE 616.891.7033

Kindergarten-Here We Come!

Does "ready" mean able to count to ten, say the alphabet, sit in a chair for a long time, and identify colors? Yes, these things could mean your child is ready for kindergarten. But even more importantly, "ready" means ready to learn. Our goal in providing this information is to help parents understand the skills many children have when they enter kindergarten. We recognize that kindergarten children represent various stages of development and enter kindergarten with diverse background experiences. These are general readiness guidelines that include ideas for parents who may be looking for opportunities during their daily routine to help prepare their child for kindergarten.

Helping prepare your child for Kindergarten

Personal and Self Help	
Skill	Daily Example
Dress self	Snaps, buttons, zips and puts on shoes
Attends to task independently	Uses bathroom & washes hands
Practices clean up skills	Puts toys away when finished
Performs daily routines	Takes dishes to sink when finished eating

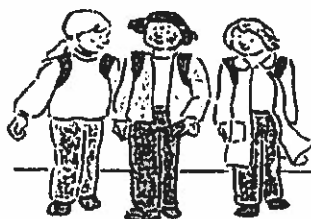
Math	
Skill	Daily Example
Understands spatial awareness	Uses words like top, bottom, in, out
Understands patterning	Can put blocks in pattern of red, green, blue, red, green, blue
Sorts objects into groups	Sort by shape, color, size, etc
Understands numbers & quantity	Counts cookies for four people, etc.

Social Development	
Skill	Daily Example
Takes turns	Takes turns when playing games
Is able to separate	Leaves parents without anxiety
Focuses on teacher	Listens and participates in groups
Follows simple rules and routines	Puts away puzzle before getting another one out
Flexible in routines	Moves from one activity to another with 2 minute warning
Persistent and asks for help	Tries to complete tasks before asking for help
Uses words to resolve conflict	Asks for a toy before grabbing it
Beginning to work/play cooperatively	Builds tower with another child

Language and Reading	
Skill	Daily Example
Listening	
Follows 2 & 3 step direction	Brush teeth, put on pajamas and get a book
Gains meaning by listening	Gives example from a story
Listens to a story attentively	Retells events of a story
Speaking	
Speaks clearly	Speaks in complete sentences
Makes needs known through language	Asks for water when thirsty
Uses expanded vocabulary	Tries out new words when heard

Physical Development	
Skill	Daily Example
Uses strength & control to do simple fine motor skills	Uses glue bottle, screw jar lids, pours water into containers, etc.
Combines movement to accomplish physical tasks	Runs, jumps, throws, kicks and hops

Reading	
Shows appreciation for books & reading	Is read to daily-at least 15 minutes
Understands books and print	Reads or looks at books from front to back, left to right, top to bottom
Is aware of rhyming words	Plays rhyming games and listens to & sings nursery rhymes
Differentiates between letters and numbers	Can identify numbers and letters
Writing	
Uses scribble, shapes, letters, and/or pictures to represent thoughts or words	Draws a picture and explains it
Understands that print has meaning	Knows that a STOP sign means stop
Recognizes & writes own name (upper & lower case)	Julie or David



Student Information cont.

Part I

1. Is your child Hispanic/Latino? Yes No
2. Please check all of the following that apply to your child
 - American Indian or Alaska Native**, a person having origins in any of the original people of North, South or Central America
 - Asian**, a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam
 - Black or African-American**, a person having origins in any of the black racial groups of Africa
 - Native Hawaiian or other Pacific Islander**, a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
 - White or Caucasian**, a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Part II

Please check yes or no for each of the following questions:

1. Is your child's native tongue (language learned from birth) a language other than English?
 Yes No
2. Is the language that is most often used in your child's home a language other than English?
 Yes No

If your answer to either question 1 or 2 is yes then please answer questions 3 through 11:

3. What language did YOUR CHILD first learn to speak? _____
4. What language does YOUR CHILD most often speak at home? _____
5. What language do YOU USE most often when speaking to your child? _____
6. Is your child able to read and write in his/her native language? Yes No
7. Does your child speak any language other than his/her native language *and* English?
 Yes No
8. Did your child have difficulties learning his/her native language? Yes No
9. Was your child born in the United States? Yes No
If not, what was his/her country of birth? _____
10. If your child was born outside of the United States, when did your child enter into the United States? Date _____ or Age _____
11. What year did your child start school in the United States? _____

Student Information cont.

Services your student received at the previous school: Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Regular Education | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Special Education | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Reading Recovery | <input type="checkbox"/> Title I |
| <input type="checkbox"/> English Language Development Support (ESL) | | <input type="checkbox"/> Other _____ |

Emergency Medical Conditions/Problems: Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Wears glasses/contacts | <input type="checkbox"/> Bee sting: allergy or epipen? _____ | <input type="checkbox"/> Rheumatic |
| <input type="checkbox"/> Hemophiliac | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Blood Condition | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Muscle Weakness | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies: _____ | <input type="checkbox"/> Epilepsy/Seizures |

Is there anything specific you would like us to know about your child? (A plan must be completed)

Takes medication regularly (please indicate which medication and how often)

Parent/Guardian Information

Parent/Guardian Residing in the Home:

Name: _____ Relationship to the child: _____

Work Phone Number: _____ Name of Work Place: _____

Cell Phone # _____ Email address: _____

Would parent like to receive mailings? Yes No

Additional Parent/Guardian Residing in the Home:

Name: _____ Relationship to the child: _____

Work Phone Number: _____ Name of Work Place: _____

Cell Phone #: _____ Email address: _____

Would parent like to receive mailing? Yes No

Parent Residing Outside of the Home:

Name: _____ Relationship to the child: _____

Home Phone Number: _____ Cell Phone #: _____

Address: _____ Email address: _____

Would parent residing outside home like to receive mailings? Yes No

Parent/Guardian Information cont.

Other children who reside in the home

Name	Birth Date	Gender	Relationship	Grade	School

In case of student emergency, illness, or accident, and the school is not able to make contact with the parent, please identify who should be called.

Name of Contact: _____ Name of Contact: _____
Home Number: _____ Home Number: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____
Relationship to Child: _____ Relationship to Child: _____

In addition to parents and emergency contacts to whom may the child be released

Name _____ Home #: _____
Relationship to child _____ Cell #: _____ Work # _____

Name _____ Home #: _____
Relationship to child _____ Cell#: _____ Work # _____

Enforcement of a court order prohibiting contact with a student requires the school to have a copy of the court order on file.

Name of person prohibited: _____
Prohibited Persons Relationship to the child: _____

Please check boxes for each authorization item

- For household students in 6th – 12th grade I am in receipt of the Infinite Campus Parent Portal Policy and would like to enroll for access to online grade and attendance.
- I am in receipt of the Parent and Athlete Concussion Information Sheet
- I affirm, as the parent/legal guardian, that all information provided above is true and accurate, and that my child and I reside at the listed address. I understand that any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature

Date

Revised 11/2016

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy)
ADDRESS (Number & Street) (City) (ZIP Code)			TODAY'S DATE (mm/dd/yy)
			MI / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER
ADDRESS (Number & Street) (City) (ZIP Code)			WORK TELEPHONE NUMBER
			MI / /

SECTION I - HEALTH HISTORY

Yes	No	Respected	#	Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Trouble with Passing Urine or Bowel Movements	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Shortness of Breath	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other (please describe): _____	
<input type="checkbox"/> Does your child take any medication(s) regularly?					If yes, list medications:
Reason for Medication _____					
Parent/Guardian Signature _____ Date / /					Was the health history reviewed by a health professional?
					<input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

ID	YES	Was child tested for:	Test results:	Normal	Referred	Under Care	NO	YES	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	⇒ Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl						NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.				

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			Influenza (IIV/LAIV)	1
DTaP/DTP/DT/Td	1	4	2		4
	2	5	Meningococcal (MCV4 / MPSV4)	1	2
	3	6		Human Papillomavirus (HPV9/HPV4/HPV2)	1
Tdap	1		2		
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
	2	4	3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
	2	4	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
Rotavirus (RV1/RV5)	1	3			
	2				
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			

History of Chickenpox Disease? Yes No If yes, date: _____

I certify that the immunization dates are true to the best of my knowledge

Health Professional's Signature

Title

_____/_____/_____
Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:

Should the child's activity be restricted because of any physical defect or illness?

If yes, check and explain degree of restriction(s): Classroom Playground Gymnasium Swimming Pool Competitive Sports Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

Dentist's Signature

_____/_____/_____
Date

PHYSICIAN'S SIGNATURE

Examiner's Signature

_____/_____/_____
Date

Examiner's Name (Print or Type)

Degree or License

Number & Street

City

MI

ZIP Code

(_____)_____
Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

TRANSPORTATION INFORMATION

Young 5's / Kindergarten

Pick up/Drop off Location

Your child's safety is our greatest concern. For the safety of all children we have a "One Drop Location" policy. This means parents/guardians will identify a single location where you want your child dropped off at everyday. This policy is in effect for all students at all grade levels. **If students are dropped off or picked up at daycare, that address must be listed below.** If you do not plan on using transportation as this time, please indicate below.

Health Concerns

We are also concerned about any health issues your child may have. It is very helpful to know these in advance. This helps the transportation department and the bus driver to be prepared for your child.

With your help, we will be able to make the transition from home to school as smooth as possible for your child. Please fill out the form below and return it with the rest of your Kindergarten Registration Packet. If you have any questions, please call us at 891-0224.

Thank you,
Caledonia Transportation Department

TRANSPORTATION INFORMATION FORM - Young 5's/Kindergarten

Student Name _____ Grade _____ Parent Name _____

Home Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Morning Pickup Location _____ Phone _____ Home or Childcare
(name and address) (please circle one)

"One Drop" Afternoon Location _____ Phone _____ Home or Childcare
(name and address) (please circle one)

_____ We do not plan on using transportation at this time.

Below, please list the names of other school-aged children living at your home address who may require transportation.

LAST NAME	FIRST NAME	GRADE	SCHOOL ATTENDING	RIDES BUS: Y/N

Please return this form with the Registration Packet. Thank you.

Transportation Form Revised 1/28/16

Caledonia Community Schools
Preference Form
2017-2018 School Year

Please note that we will make every effort to honor preferences, however, it is not always possible.

CHILD'S NAME: _____

PARENT'S NAME: _____ Phone: _____

1) UNSURE OF CHILD'S PLACEMENT: YES NO

SCREENING: March 23, 2017 @ Duncan Lake Early Childhood Center

*We will be screening students whose parents are *unsure* of their child's best placement for the 2017-2018 school year. If you are interested in having your child screened, please circle "YES" in the above section. You will receive information via mail with screening details.

2) YOUNG 5 PREFERENCE: YES NO

BUILDING: Duncan Lake Early Childhood Center - ONLY

3) KINDERGARTEN PREFERENCE: YES NO

BUILDING:

Please let us know which buildings are your first, second and third (1st, 2nd and 3rd) preferences for kindergarten. The more information you provide to us, the easier the accommodation request will be. Please note: We make every effort to honor preferences, but it is not always possible.

- | | | |
|-------|------------------------|------------------------|
| _____ | Caledonia Elementary | (traditional calendar) |
| _____ | Dutton Elementary | (traditional calendar) |
| _____ | Emmons Lake Elementary | (alternative calendar) |
| _____ | Kettle Lake Elementary | (traditional calendar) |
| _____ | Paris Ridge Elementary | (traditional calendar) |

Readiness Checklist



Child's Name: _____

Dear Parent,

While there is no perfect formula that determines when a child is truly ready for kindergarten, you can use this checklist to see how well your child is acquiring skills needed to help be successful. This list will also be helpful to you on things you can do at home to help prepare your child's transition into kindergarten. Any item you check "no" to, please work on this summer.

Is your child able to:	yes	no
1. Listen to stories without interrupting?		
2. Draw and color beyond a scribble?		
3. Cut with scissors?		
4. Identify some letters by name and sound?		
5. Differentiate between numbers and letters?		
6. Write his/her first name?		
7. Count to ten?		
8. Copy and name basic shapes?		
9. Recognize rhyming words?		
10. Speak clearly to others?		
11. Repeat something you have only said once?		
12. Share with others?		
13. Work with a partner?		
14. Pay attention for short periods of time to adult-directed tasks?		
15. Recognize authority?		
16. Carry out two or three simple tasks after being told one time?		
17. Separate from you for 6 to 7 hours without being upset?		
18. Understand that actions have both causes and effects?		
19. Follow a set schedule or routine?		
20. Zip or button a coat and pants?		
21. Take care of his/her toilet needs independently?		
22. Transition from one activity to another?		
23. Ask for help when needed?		
24. Does your child have books at home?		
25. Does your child pretend to read?		
26. Is your child excited about going to school?		

CALEDONIA COMMUNITY SCHOOLS ELEMENTARY ACCEPTABLE USE POLICY AND PHOTO PERMISSION FORM

Welcome to the world of elementary technology. We are excited to continue learning with Internet access in all buildings. As technology use grows, so does the need for responsible use of all technology. We will be teaching responsible use of both the equipment and the Internet to your child this year and need your support. It is our intention that all Internet use at the elementary level be provided with strict guidelines for use and constant supervision.

Technology Rights and Responsibilities

Students will:

- Use all technology equipment properly and obey computer rules.
- Keep their sign-in name and passwords private.
- Save their work to the network or flash drive.
- Use the Internet with teacher supervision in both the classroom and lab for educational purposes.
- Use only bookmarked and teacher researched websites unless receiving special permission.
- Keep all personal information such as their name, address or location to themselves.
- Do selected searches with pre-approved search engines only.

In accordance with the Children's Internet Protection Act (CPIA), Caledonia Community Schools Wide Area Network Administrator has made every attempt to restrict/block access by minors to inappropriate matter on the Internet and World Wide Web and to materials harmful to minors, wherever possible. (Board Policy #7540)

Please check the appropriate choices, sign and return the entire form so that we know both you and your child have read and understand the responsibilities of using technology in our buildings. This form is valid for the duration of elementary school or until a revision is made.

Internet (Please check one)

We will allow our child to access the Internet in a hands-on supervised setting for educational use.

We will not allow our child to have hands-on use of the Internet.

Photos and Videos (Please check one)

We grant permission for our child or child's original work (i.e.: artwork, poetry, essays, performances, yearbooks, etc.) to be photographed or videotaped as part of an educational program produced by Caledonia Community Schools, a cable television station or other network. We understand that our child's image, name, work product, school and grade may be revealed in the presentation(s) but that no other information about our child or child's schoolwork will be revealed without our prior consent.

Yearbook and ID Photo only. NO OTHER PHOTO or VIDEO Permission given.

We do not grant any photography or videotape permission for our child.

Student Name _____

Parent Signature _____ Date Signed _____

Caledonia Community Schools Annual Elementary Field Trip Permission Form

Overview:

Throughout the year students attend a variety of field trips. These trips are planned and selected to be a natural extension of the learning that is occurring in their classrooms. Costs for our field trips vary by trip, but a large portion of these costs are covered by funds raised by our PTO. Some trips may require additional funds. It is our hope that all students will be able to attend all trips, so financial assistance is available for students (please let your child's teacher know if this is necessary).

Volunteers/Chaperones:

Some of our field trips require parent volunteers/chaperones. Parents who are interested in volunteering/chaperoning must have read and signed the Volunteer Guidelines Handbook and have a background check completed by the school at least two weeks prior to the trip. Volunteers/Chaperones will not be permitted to attend a trip unless a background check is on file. Background checks are valid for the current school year and are good across the district. The handbook and forms can be found on the district website and are also available in the main office.

Parent/Guardian Permission:

All students must have written permission on file for them to attend a field trip. Please sign and return this form to your child's teacher. This signature will permit your child to attend all field trips during the school year. Details of each trip will be distributed by your child's teacher prior to the trip.

Student's Name: _____

Parent's/Guardian's Name: _____

Student's Grade: _____

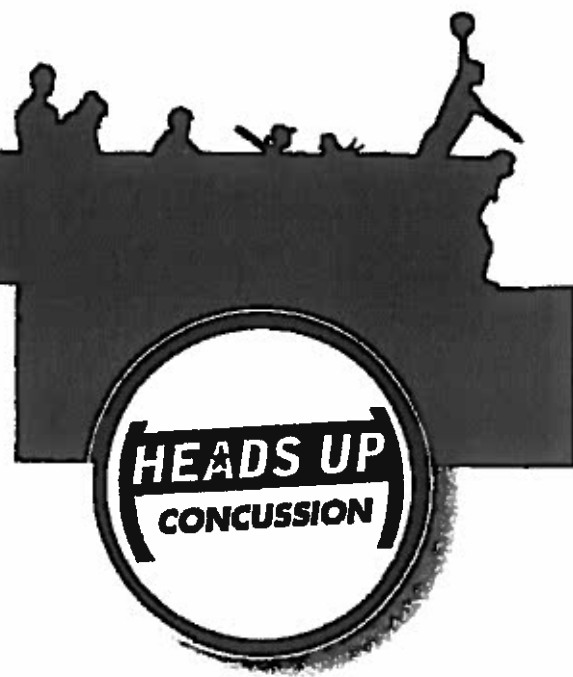
Teacher's Name: _____

Signature: _____

Date: _____

****Please note that each child in your family needs their own permission slip*****

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

In Pursuit of Excellence...

Caledonia Community Schools

www.calschools.org

Character ~ Curriculum ~ Climate ~ Community

Caledonia Community Schools Volunteer Information

Caledonia has a rich history of support from parents, relatives and the community. Volunteering makes a tremendous impact in the lives of our students across the district.

If you are interested in volunteering we ask that you carefully read the Volunteer Information and Guidelines Handbook located on our website.

At the back of the handbook are two forms for you to complete:

1. Volunteer Acknowledgement Form
2. Volunteer Consent Form (background check)

You may return these forms with the enrollment packet or to the school your child is placed in.

Thank you for your commitment to Caledonia Community Schools and the lives of our students.

Note: Please allow 10 days for the background check to be processed. A new background check is required on a yearly basis.

Office Use Only	
Date Rec'd: _____	_____
IC: K-reg _____	Enroll. _____
Non Res: _____	_____

Caledonia Community Schools
Young 5/Kindergarten Registration
Return Envelope and Checklist

PLEASE RETURN THE FOLLOWING INFORMATION BY MARCH 10, 2017

If you have any questions contact Cheryl Pinto at 891-6220

- _____ District-Wide Enrollment Form (yellow)
- _____ ***Birth Certificate** - copy of official state certificate with raised seal (photocopy of original is acceptable)
- _____ Health appraisal form (green) - completed and signed by parent **AND** health care provider/doctor
- _____ ***Proof of immunizations** - may be included on health form
- _____ Transportation Form (purple)
- _____ Vision & hearing screening – blue form from health department **or** included on green health appraisal
- _____ ***Proof of residency** - copy of current tax or utility bill, or other official document proving residency
- _____ Picture of student - 3x5 preferred size; with child's name on back, *it will not be returned*
- _____ Placement preference form (pink) - include any comments that we may need to take into consideration
- _____ Kindergarten checklist (gold) - completed by parent
- _____ Acceptable Use Policy (AUP)
- _____ Field Trip Permission Form
- _____ Parent/Guardian picture identification (i.e. driver's license)

***BIRTH CERTIFICATE, PROOF OF IMMUNIZATIONS AND PROOF OF RESIDENCY
ARE REQUIRED TO START SCHOOL**