

Milford Central School
PO Box 237, West Main Street
Milford, New York 13807

Dear Parents:

We are eager to help make your child's kindergarten experience the richest and most successful one possible. Kindergarten is the basis of his/her future schooling and plays an important part in helping him/her develop the skills, habits and attitudes necessary for success in school.

Since cooperation between the home and school is of utmost importance to your child's education program, please feel free to call upon us to help you with any problems which may arise. We will call upon you if we need your assistance in helping your child make adjustments within the school situation.

*This booklet has been prepared to aid you in preparing your child for kindergarten and to answer some of the questions you might have concerning our program. **Please save it for further reference.***

*Sincerely yours,
Jennifer Scott
Noreen Kenyon
Kindergarten teacher*

MILFORD CENTRAL SCHOOL
INTRODUCTION TO KINDERGARTEN

Mrs. Kristen Shearer
Superintendent

Mr. James Brant,
Principal

Mrs. Nicole Lippitt
Elementary School Counselor

Mrs. Jolene Chase
School Nurse

Ms. Jennifer Scott
Kindergarten Teacher

Mrs. Noreen Kenyon
Kindergarten Teacher

Mrs. Alicia Flint
Physical Education Teacher

Mrs. Cook-Wightman
Art

Mrs. Sclafani
Music

Mr. Cornish
Library

HOW TO PREPARE YOUR CHILD

1. Help your child grow independently by allowing them to complete tasks at home, such as hanging up coats, carrying their own things, etc.
2. Help your child accept the fact that he/she is going to school. Give your child an idea of what to expect at school.
3. Help your child learn to dress himself/herself completely including outdoor clothing. Provide your child with jackets and boots he/she can put on and take off easily. Teach your child to dress himself/herself for outside in a timely manner, including tying shoes and zipping coats.
4. Help your child understand that while there are times during the school day when your child can make choices, the group as a whole follows an established routine. When it is time to play, everyone plays; when it is time to work, everyone works.

TRANSPORTATION INSTRUCTIONS

Walking (within village):

It is advisable that you bring your child to school for the first two or three days. Thereafter, it is wise to have your child accompanied by an older school child whom you trust. Be sure to instruct your child adequately regarding traffic safety and dangers of accepting rides from strangers, dawdling along the route and attempting to pet unknown dogs.

Bussing:

It is advisable to wait at the assigned bus stop for the first two or three days with your child. Bus schedules become fixed and regular within the first few days of school. You may need to adjust your home schedule to meet the bus promptly. Older children are usually very cooperative in caring for the little ones while aboard the bus. **Anytime there is to be change in your child's bus routine, you must send a note to school requesting the change.**

LUNCH AND SNACK INFORMATION

Your child should bring lunch money or a lunch from home. Meals may be purchased on a daily basis or you may prepay for lunches. Milk is included with the lunch but if your child brings his/her lunch from home, she/he may buy milk. Ice cream may be purchased on Fridays only.

Each day a time is set aside for a snack. Children may purchase juice or milk. (Please note: students who receive free/reduced lunch may purchase juice or milk for snack). Children are responsible for bringing in their own snack every day. You may send in individually packaged snacks for us to keep at school in case your child forgets to bring one.

CLOTHING INSTRUCTIONS

It is particularly important that you label all articles of clothing which your child may be removing at school such as jackets, boots, mittens, sweaters, etc. Each child should be provided with warm clothing during the colder months as they will go outside and play everyday. Every year we have many identical snow pants. Please be sure to label your child's winter clothing. Children should be

equipped with sneakers everyday. Also an extra set of clothes for accidents is advised. We will keep these above your child's cubby.

BIRTHDAY PARTIES

School birthday parties are welcomed. They provide the children with a happy, constructive, social experience. Please notify the teacher in advance if you wish to have your child celebrate his birthday in school.

PROGRESS REPORTS

Individual parent conferences are held twice throughout the school year. Progress reports are sent home at the end of each quarter. If you have a question or concern, you may contact the teacher at any time.

Your child's progress in school depends largely on his physical and emotional well-being. The school endeavors to protect and develop both by maintaining an adequate school building and a health and safety program.

For any degree of success, we do need parent cooperation. It is very important in cases of illness or accident that we have a telephone number where we can contact you. If information changes, please contact the guidance office at 607-286-7910.

Prior to admission to school students are required by New York State Law to have a physical examination as well as specific immunizations. Your family physician should complete the "Cumulative Health Record" form and return it to the school nurse.

We suggest that you look for any symptoms of illness prior to sending your child to school each day. These might include a cold, upset stomach, evidence of a fever, skin rash, earache, swollen glands, or inflamed ears. If each parent keeps their child home when he/she is feeling ill, the entire class will stay healthier during their first year at school.

Please notify the school nurse if your child has a contagious illness or must be absent from school for longer than three school days. **When the child returns to school after an absence he/she must bring a written excuse with the day of absence and reason for the absence clearly stated so he/she may be readmitted to class by the school nurse.**

If there is any way that the school can be of help to you in regard to your child's health, do not hesitate to contact the school nurse.

WHAT IS READINESS?

by Martha P. Howlett, Assistant Staff Writer, Weekly Reader 2/18/70

Readiness Is....

a child who **LISTENS**

to directions without interrupting.
to stories and poems for five to ten minutes without
restlessness.

a child **HEARS**

words that rhyme.
words that begin with the same sound or different sounds.

a child who **SEES**

likenesses and differences in pictures and designs.
letters and words that match.

a child who **UNDERSTANDS**

the relationship inherent in such words as up and down, top and bottom,
little and big.
the classifications of words that represent people, places, and things.

a child who **SPEAKS**

and can stay on the topic in class discussions.
retell a story or poem in correct sequence.
tell a story or relate an experience of his own.

a child who **THINKS**

and can give the main idea of a story.
give unique ideas and important details.
give reasons for his opinions.

a child who **ADJUSTS**

to changes in routine and to new situations without becoming
fearful.
to opposition or defeat without crying or sulking.
to the necessity of asking for help when needed.

a child who **PLAYS**

cooperatively with other children.
and shares, takes turn, and assumes his share of group
responsibility.
and can run, jump, skip, and bounce a ball with comparative
dexterity.

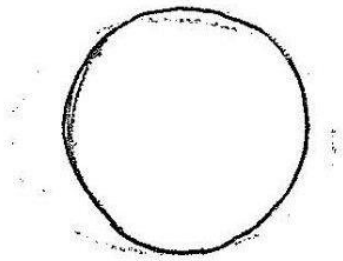
a child who **WORKS**

without being easily distracted.
and follows directions.
and completes each task.
and takes pride in his work.

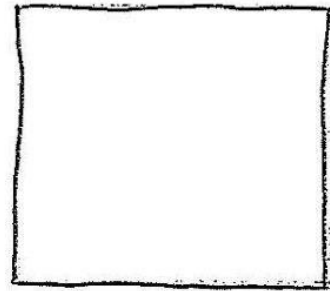
HOW CAN I HELP MY CHILD BE PREPARED FOR KINDERGARTEN?

- In general, students are expected to name their ABC's and numbers 0-20; name basic shapes; recognize his or her name; and write his or her name using a capital letter and lower-case letters.
- We also encourage use of appropriate scissors at home to practice fine motor skills.
- Kindergarten readiness workbooks are a good starting point. These can often be found at any dollar store or at Walmart. Please note that not all workbooks follow the same handwriting format that we use! The enclosed alphabet worksheets show how our Reading series prints letters. Children are also exposed to D'Nealian letters to prepare them for cursive writing in latter grades.
- Reading to your child and talking about the books you read are by far the BEST way you can prepare your child for Kindergarten! This helps your child practice many important skills such as word-to-voice correspondence, picture-to -word correspondence, retelling, naming characters, and connecting text-to-self in a low-pressure environment.
- As you are "out and about" over the summer, ask your child to name letters in their environment. For example, when you see a STOP sign on the street, have your child's name the letters on it.
- Ask your child to count objects they see. For example, at the playground, how many students are on the monkey bars? How many kids are playing kickball? This helps your child with number recognition; one -to-one correspondence;' and number sense.

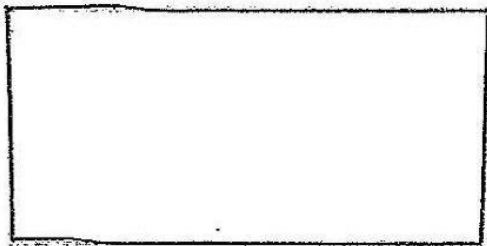
Circle



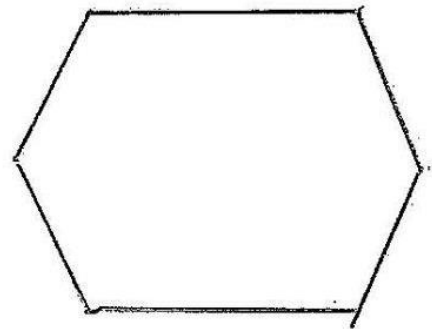
Square



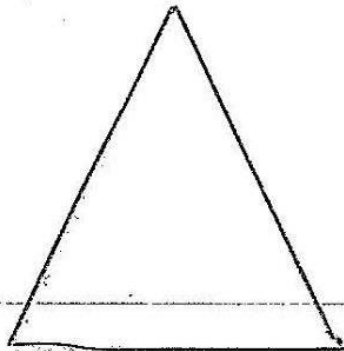
Rectangle



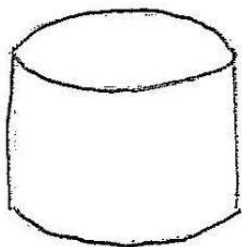
Hexagon



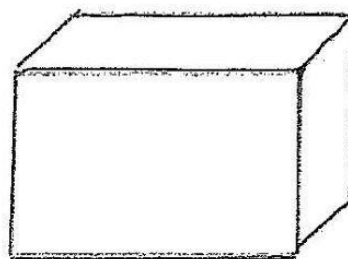
Triangle



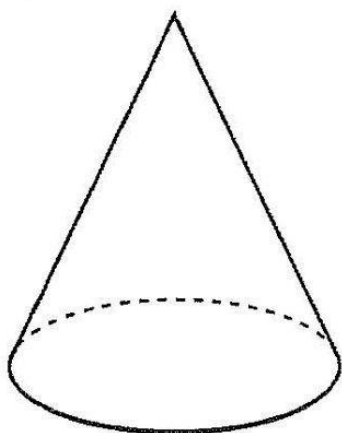
Cylinder



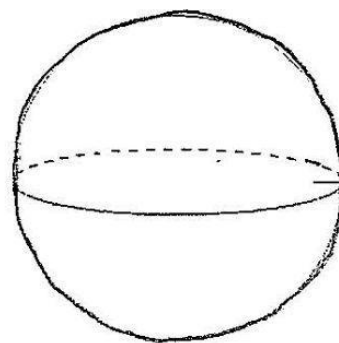
Cube



Cone



Sphere



Name: _____

Date: _____

Number Practice 1-5

1 1 1 1

2 2 2 2

3 3 3 3

4 4 4 4

5 5 5 5

Name: _____

Date: _____

Number Practice 6-10

6 6 6 6

7 7 7 7

8 8 8 8

9 9 9 9

10 10 10

A B C D E F G H
I J K L M N O P
Q R S T U V W
X Y Z

A B C D E F G H
I J K L M N O P
Q R S T U V W
X Y Z

a b c d e f g h
i j k l m n o p
q r s t u v w
x y z

a b c d e f g h
i j k l m n o p
q r s t u v w
x y z

Circle the letters in your name.

Write your name 3 times.

Aa Bb Cc Dd Ee Ff
Gg Hh Ii Jj Kk Ll Mm
Nn Oo Pp Qq Rr Ss
Tt Uu Vv Ww Xx Yy
Zz

Handwriting practice lines consisting of three sets of three horizontal lines (top, middle dashed, bottom) for writing practice.

Milford Central School

Kindergarten Parent Questionnaire

Child's Name: _____, _____, _____, _____
(Last) (First) (Middle) (Nickname)

Date of Birth: _____ Place of Birth: _____

Parent/Guardian #1 Name: _____, _____, _____
Last) (First) (Middle)

Date of Birth: _____ Birthplace: _____

Education: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Present Address: _____

Parent/Guardian #2 Name: _____, _____, _____
(Last) (First) (Middle)

Date of Birth: _____ Birthplace: _____

Education: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Present Address: _____

Members of household living in the same house (brothers, sisters, etc.):

Name	Relationship	Birthdate	Education	Occupation

Pre-school program attended: _____

1. My child has participated in these activities (circle all that apply):
preschool/day care
play group
creative/dramatic activities
in-home child care
organized sports (such as dance, arts and crafts ,music)
2. My child enjoys these activities (circle up to five):
looking at books
playing with puzzles
building with blocks
playing outside
coloring
using computer/tablet
watching television
imaginative play
listening to stories
using scissors and paste
3. Can your child put on and button clothes
Yes No
4. Lace his/her own shoes
Yes No
5. My child will ask for help when needed from a familiar adult:
often sometimes seldom/never
6. Someone reads to my child:
often sometimes seldom/never
7. My child stays interested in self-chosen activities for:
20-30 minutes 10-20 minutes 5-10minutes
8. My child separates easily from a parent:
often sometimes seldom/never
9. My child takes care of bathroom needs independently:
often sometimes seldom/never
10. My child enjoys playing alone:
often sometimes seldom/never
11. My child enjoys playing with other children his/her own age:
often sometimes seldom/never

12. Please list any fears your child may have (dogs, being alone, etc).

13. What are your child's interests and hobbies?

14. Do you have any concerns or information that should be shared regarding your child's behavior, maturity, or social skills?

15. Have there been any major events in your child's life recently (moves, travel etc.)

16. What are your child's strengths/weaknesses?

17. Do you have any concerns regarding your child's (please circle):

Speech

activity

hearing

behavior

vision

learning ability

attention span

18. What responsibilities does your child have at home? _____

19. This year in kindergarten I would like for my child to:

MILFORD CENTRAL SCHOOL
HEALTH EMERGENCY INFORMATION

Student's Name: _____ Phone: _____

Date and Place of Birth: _____

Parent or Guardian: _____

Address: _____

Parent/Guardian #1 Work: _____ Phone: _____

Parent/Guardian #2 Work: _____ Phone: _____

Others to call for emergencies

_____ Phone: _____

_____ Phone: _____

Hospital: Bassett _____ Fox _____ Other _____

Physician's name, location and phone: _____

Has your child had a history of (if yes, check and enter date):

- | | |
|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Scarlet fever (tina) |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tuberculosis or Contact with TB |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Other serious illness? |
| <input type="checkbox"/> Nephritis | |

or a history of (if yes, check and state allergies, injuries or operations):

- | | |
|--|---|
| <input type="checkbox"/> Hospital admissions | <input type="checkbox"/> Asthma or allergies |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Ear conditions |
| <input type="checkbox"/> Serious injuries | <input type="checkbox"/> Frequent colds or sore throats |

Does your child take any medications (if so, explain)? _____

Has your child had an eye examination? _____

Does your child wear glasses? _____

Is your child color blind? _____

Has your child had a hearing test? _____

Has your child ever seen a dentist? _____

Who is the dentist? _____

Does your child have any physical restrictions (please explain in detail)? _____