WASHINGTON ELEMENTARY
TK AND KINDERGARTEN REGISTRATION FOR 2019-20

Registration dates at Washington Elementary:
Monday- Friday Feb. 4th-8th 8:30-3:30 PM
Tuesday, February 5th 4:00-6:30 PM
Saturday, February 9th 12:00-4:00 PM

In order to be eligible for a teacher request card in March you MUST register during registration week.

AGE REQUIREMENT:
Students that turn age 5 on or before September 1, 2019 are eligible for Kindergarten.
Students that turn age 5 between September 2, 2019 and December 2, 2019 are eligible for Transitional Kindergarten

FIRST STEP: NEW STUDENT ONLINE REGISTRATION:
New student registration must be completed online before coming to the office to register. Online registration is open for TK/K enrollment.
If you do not have computer/internet access, call Washington at 897-2955.
We will have computers available for you. Please access the following website for online registration: register.kesd.org. Once the website is accessed, please select “Aeries AIR” icon and continue on to pick language preference. Next click on “enroll a new student”. Select 2019-2020 school year and click next for valid address. On the login page click “create a new account.” Continue on by following the directions/prompts.

Second Step: Registration in the office
The following documents must be brought with you to Washington on registration day:

1. Certified birth certificate, baptismal certificate, or passport
2. Immunization Record, including TB Skin Test or pediatric TB Risk Assessment
3. Completed Physical Exam within 1 year of the start of school
   mortgage statement/receipts, rental contract/agreement/receipts,
   PG&E bill, or gas bill
5. Joint Residency Form, if your family/child resides with another family
6. Custody Orders/Guardianship Documents

Please complete the following forms which are available in our office, or can be printed from our website at https://www.kesd.org/washington

Student Health Inventory and Oral Health Assessment
Southwest Transportation Forms, if your child will ride the bus to/from school
Dear Washington Parents,

We are excited to have you join us at Washington for the 2019-2020 school year. We are proud to be the first step in your child’s public education career. We want to thank you for your work with your child from birth to now. You always will be your child’s biggest influence and their first teacher. Thank you for trusting us with the next steps.

This is our mission statement written by the staff at Washington:

Every student will learn in an environment in which they feel loved, safe, and respected. All children in every classroom will learn a rigorous curriculum differentiated to prepare them for the next grade level. Each student’s success will be acknowledged. We will form the foundation for building productive citizens of our community and the world.

Important information:

Teacher requests will be available on Monday, March 18th beginning at 8:00am and will be collected up to Friday, March 22nd at 4:00pm. We will do our best to try to place your child with one of the teachers you request but there is not a guarantee. If you are new to Washington you must fully complete registration (both online and in person) by Saturday, February 9th at 4:00pm in order to be issued a teacher request card the week of March 18th-22nd. You must come into the office and request the form.

Open house is on May 2, 2019 (For parents that register before 5/2/19) you are invited to attend a new parent meeting in the cafeteria at 5:00pm. We will go over some information on what to expect next year. We will also have a summer packet of activities that you can do with your child. We will have food vendors available starting at 6:00pm. You are welcome to walk with your child through our TK and Kindergarten classrooms to get your child excited for next year.

VERY IMPORTANT- The first day of school for 2019-2020 is on Wednesday, August 14th. This day is unique. Only parents and guardians will attend from 8:15am-9:45am. No student will attend at this time. This time is reserved for you to meet with the teacher as a parent group and learn about the rules, schedule, and routine. You will also be signing paperwork. At 9:45 you will go home to pick up your TK/Kindergarten child and come back to school. Your child will be at school with you from 10:00am until 11:50am. Your child’s teacher will have activities for you to do together. This is a very special day for your child. Sometimes students cry their first day and this is our way of helping to ease them into this huge transition.

Thank you for your trust in us,

Laura North (Principal) & The Washington Staff
# 2019-20 School Calendar

**Kingsburg Elementary Charter School District**

## Opening Day:
August 14, 2019

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**Minimum Day Times**

- Washington - 11:50/Roosevelt - 12:10/Lincoln - 1:10/Reagan - 12:10 (4th);
- 12:15 (5th/6th) /Rafer - 1:30

**Board Approval:** January 16, 2018

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[ ] Legal Holidays
( ) Local Holidays
( ) Professional Dev.
Kingsburg Elementary Charter School District 2019-2020
Student Health History/Emergency Information

Last Name______________________First___________________MI_____Birthdate__________ M F Grade___

Doctor_________________________Phone #________________Dentist_________________Phone#____________

Check only those that apply and return to school office

☐ ADD/ADHD: Requires medication? Yes ☐ No ☐ Name of medication________________________________
Given at school? Yes ☐ No ☐ Doctor name/phone______________________________________________

☐ Asthma: Requires medication/inhaler? Yes ☐ No ☐ Daily? ☐ As needed? ☐ With exercise? ☐
Name of medication_______________________________________________Given at school? Yes ☐ No ☐

☐ *Allergic reaction: To what? ___________________________Hive/rash? Yes ☐ No ☐
Breathing difficulty? Yes ☐ No ☐ has epi-pen? Yes ☐ No ☐
Action required____________________________________________________________________________
Doctor name/number________________________________________________________________________

☐ Bladder/Kidney Yes ☐ No ☐ Explain:_____________________________________________________________

☐ Clinical Depression Requires medication? Yes ☐ No ☐ Name of medication________________________________
Given at school? Yes ☐ No ☐ Doctor name/number_______________________________________________

☐ Diabetes: Type I ☐ Type II ☐ Medications? Oral ☐ Injection ☐ given at school? Yes ☐ No ☐ Pump? ☐
Name of medication________________________________________Doctor name/number_________________

☐ Ear Problems Frequent infection? Past ☐ Present ☐ Permanent hearing loss? ☐ Date of last exam________

☐ *Seizure Disorder Date of last seizure______________Requires medication? Yes ☐ No ☐
Name of medication________________________________________Doctor name/number_________________

☐ Heart Problems Diagnosis________________________________________Doctor name/number____________

☐ Hospitalization Date/Explain_____________________________________________________________________ (Recent 12 months)

☐ Orthopedic Conditions Corrective shoes/braces? ☐ Crutches ☐ Wheelchair? ☐ Physical therapy?
CCS? ☐ Other physical limitations________________________________________________________________

☐ Vision Problems Wears glasses? ☐ All the time ☐ Reading only ☐ Contacts Date of last exam__________


This form must be on file with the school before medication can be given.

*These conditions require a Health Care Plan. Note: Any of the above conditions may require a Health Care Plan.

All forms can be obtained from the School Health Office.

Please complete back side and sign
California Education Code 49480 requires parent/legal guardians to inform the school nurse or designated, certified school employee of any child taking medication for a continuing time. With the consent of the parent/legal guardian the school nurse may communicate with the doctor and may counsel school staff regarding possible effects of the drug.

Is the child taking medication regularly? No_______ Yes_______ If yes complete the following:

Kind of Medicine

Dose

Physician

Phone

CEC 49423. If prescribed medication is needed during the required school day, assistance may be given if the school receives: (1) a written statement from the physician detailing the method, amount and time schedule; and (2) a written statement from the parent/guardian, etc. The medication must be clearly labeled and sent to the school in a container from the pharmacy (form available at school).

Medical Insurance Carrier

Policy Number__________________Address_____________________________________

Father’s/Guardian Driver’s License No.________________________________________

Mother’s/Guardian’s Driver’s License No.______________________________________

Sibling’s (Oldest to Youngest)

Last Name

First Name

Date of Birth

☐ NO KNOWN HEALTH PROBLEMS/SPECIAL NEEDS

Parent’s/Guardian’s

Signature_________________________________________Date_______________________
Kingsburg Joint Union School District  
Kingsburg Elementary Charter School District  

WESLEY SEVER, Ed.D.  
Superintendent  

MELANIE SEMBRITZKI  
Assistant Superintendent  
Curriculum & Instruction,  
Special Projects  

Oral Health Notification Letter  

Dear Parent or Guardian:  

To make sure your child is ready for school, California law, Education Code Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.  

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child’s check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child’s school or online from the California Department of Education’s Web site at http://www.cde.ca.gov/ls/he/hn/. California law requires schools to maintain the privacy of students’ health information. Your child’s identity will not be associated with any report produced as a result of this requirement.  

The following resources will help you find a dentist and complete this requirement for your child:  

1. Medi-Cal/Denti-Cal’s toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; http://www.denti-cal.ca.gov. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at 1-800-421-3484.  

2. Healthy Families’ toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or http://www.benefitscal.com/.  

3. For additional resources that may be helpful, contact your local public health department at 855-832-8082.
Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child’s diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child’s progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact Sheryl Adams, District Nurse at 897-5193.

Sincerely,

Wesley Sever, Ed.D.
Superintendent
Oral Health Assessment Form

California law (Education Code Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

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<th>Middle Initial:</th>
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<th>School Name:</th>
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<th>Child's race/ethnicity:</th>
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Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

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<th>Assessment Date:</th>
<th>Caries Experience (Visible decay and/or fillings present)</th>
<th>Visible Decay Present:</th>
<th>Treatment Urgency:</th>
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<td>□ Urgent care needed (pain, infection, swelling or soft tissue lesions)</td>
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Licensed Dental Professional Signature

CA License Number

Date

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

□ I am unable to find a dental office that will take my child's dental insurance plan.
  
  My child's dental insurance plan is:
  □ Medi-Cal/Denti-Cal □ Healthy Families □ Healthy Kids □ Other ___________________ □ None

□ I cannot afford a dental check-up for my child.

□ I do not want my child to receive a dental check-up.

Optional: other reasons my child could not get a dental check-up: __________________________________________

If asking to be excused from this requirement: ► ________________________________

Signature of parent or guardian

Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child’s health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child’s first school year. Original to be kept in child’s school record.
REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD’S NAME—Last First Middle BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street City ZIP code SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION
NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS DATE (mm/dd/yy) VACCINE DATE EACH DOSE WAS GIVEN
Health History
Physical Examination
Dental Assessment
Nutritional Assessment
Developmental Assessment
Vision Screening
Audiometric (hearing) Screening
TB Risk Assessment and Test, if indicated
Blood Test (for anemia)
Urine Test
Blood Lead Test
Other

IMMUNIZATION RECORD

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

VACCINE
DATE EACH DOSE WAS GIVEN
First Second Third Fourth Fifth

POLIO (OPV or IPV)
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)
MMR (measles, mumps, and rubella)
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)
HEPATITIS B
VARICELLA (Chickenpox)
OTHER (e.g., TB Test, if indicated)
OTHER

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

☐ Examination shows no condition of concern to school program activities.

☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian Date
Name, address, and telephone number of health examiner

Signature of health examiner Date
Washington School Request for Southwest Transportation
Escuela Washington Requisitos para el transporte escolar

Name of Student to be transported: ___________________ Room: _______
Nombre del Estudiante que va ser transportado: 
Salón: _______

Address: ___________________
Direccion:

Name of Parent: ______________ Phone Number: ______________
Nombre del padre o madre: 
Telefono:

Address of pickup or drop off if different than above:
Direccion donde sera levantado y dejado solo si es diferente a la arriba:

Circle the appropriate choice and the days that apply:
Circula los días que necesites

Pick-Up
Levantar

M T W TH F

Effective Date: ______________
fecha efectiva

Drop-Off
Deducir

M T W TH F

Parent Signature: ______________
firmarla del padre
SOUTHWEST TRANSPORTATION AGENCY
STUDENT RELEASE TO SIBLING OR ADULT/GUARDIAN AGREEMENT

School: __________
Grade: ______
Route: ______

Students Address __________________________________________

A. This agreement will allow the student (s) stated below to be released to a sibling and /or an adult/guardian. This agreement also dismisses Southwest Transportation from any responsibility once the student is released.

B. Este acuerdo permitirá al estudiante (s) declarado a continuación para ser lanzado a un hermano y/o un adulto o tutor. Este acuerdo también descarta transporte de Southwest de cualquier responsabilidad, una vez que el estudiante es liberado.

I __________________ give permission for __________________ to get off the
Parent Name __________________ Student Name ________________

bus with and / or be released to __________________
Name of Sibling/Adult/Guardian

_________________________ Parent Signature ________________ Date

Yo _____________________________ doy permiso para __________________________ a bajarse del
Nombre de Padre ________ Nombre de Estudiante

autobús con / o liberará a __________________
Nombre de Adultos/ Hermano/Tutor

_________________________ Firma de Padre ________________ Fecha

SUBMIT