

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
4. Proof of Residency - Acceptable Proof of Residency (current):
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



Washington School
"Finding a way for all students to learn!"
1501 Ellis Street, Kingsburg, CA 93631
(559) 897-2955 FAX (559) 6863

Dr. Wes Sever, Superintendent

Mrs. Laura North, Principal

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



KINGSBURG ELEMENTARY CHARTER SCHOOL DISTRICT

2019-20 SCHOOL CALENDAR

OPENING DAY: August 14, 2019

	M	T	W	TH	F		
August					9	13 Preservice Days - Aug 9, 12, 13	
	12	13	*14*	15	16		
	19	20	21	22	23		
	26	27	28	29	30		
September	[2]	3	4	5	6	20 Labor Day - Sept 2	
	9	10	11	12	13		
	16	17	18	19	20		
	23	24	25	26	27		
	30						
October		1	2	3	4	23 Parent Teacher Conference Week October 7 - 11 Red Ribbon Week - October 28 - October 31	
	7	8	9	10	11		
	14	15	16	17	18		
	21	22	23	24	25		
	28	29	30	31			
November					{1}	14 Professional Development Day - November 1 Veterans' Day - Nov 11 Thanksgiving Break - Nov 25-29	
	4	5	6	7	8		
	[11]	12	13	14	15		
	18	19	20	21	22		
	(25)	(26)	(27)	[28]	[29]		
December	2	3	4	5	6	10 Minimum Days - December 12 - 13 Winter Break - December 16- Jan 3	
	9	10	11	12	13		
	(16)	(17)	(18)	(19)	(20)		
	[23]	[24]	[25]	(26)	(27)		
	[30]	[31]					
January			[1]	(2)	(3)	19 Martin L King, Jr. Birthday - Jan 20	
	6	7	8	9	10		
	13	14	15	16	17		
	[20]	21	22	23	24		
	27	28	29	30	31		
February	3	4	5	6	7	18 Lincoln's Day - Feb 10 President's Day - Feb 17	
	[10]	11	12	13	14		
	[17]	18	19	20	21		
	24	25	26	27	28		
March	2	3	4	5	6	22	
	9	10	11	12	13		
	16	17	18	19	20		
	23	24	25	26	27		
	30	31					
April			1	2	3	16 Spring Break - April 6 - 13	
	(6)	(7)	(8)	(9)	[10]		
	[13]	14	15	16	17		
	20	21	22	23	24		
	27	28	29	30			
May					1	20 Memorial Day - May 25	
	4	5	6	7	8		
	11	12	13	14	15		
	18	19	20	21	22		
	[25]	26	27	28	29		
June	1	2	3	4	5	5	
	Service Days					4	Last Day of School - June 5
	Teaching Days					180	
	Total					184	

Minimum Day Times

[] Legal Holidays () Local Holidays { } Professional Dev.
Board Approval: January 16, 2018

Washington - 11:50/Roosevelt - 12:10/Lincoln - 1:10/Reagan - 12:10 (4th);
12:15 (5th/6th) /Rafer - 1:30 Rev. 04/30/2018

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

*SIGNATURE AND DATE REQUIRED ON BACK

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
(Severe) 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 Corrective shoes/braces? Crutches Wheelchair? Physical therapy?
Conditions CCS? Other physical limitations _____

Vision Problems Wears glasses? All the time Reading only Contacts Date of last exam _____

Calif. Ed Code 49423-Students taking medication at school need an "Authorization for Medication" form completed annually.

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



Please list other important health or behavior information

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,

A handwritten signature in black ink, appearing to read 'Wesley Sever', written over a light blue horizontal line.

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)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Licensed Dental Professional Signature CA License Number Date </div>			

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)
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 to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

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

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

Washington School Request for Southwest Transportation
Escuela Washington Requisitos para el transporte escolar

Office submitted to
Southwest on:

Name of Student to be transported: _____ Room: _____
Nombre del Estudiante que va ser transportado: _____ Salon: _____

Address: _____
Direccion: _____

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

Address of pickup or drop off if different than above:

Direccion dondo sera levantado y dejado solo si es diferente a la arriba:

Circle the appropriate choice and the days that apply:
Circula los dias que nescites

Pick-Up M T W TH F
Levantar

Effective Date: _____
fecha efectiva

Drop-Off M T W TH F
Dejar

Parent Signature: _____
firmada 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