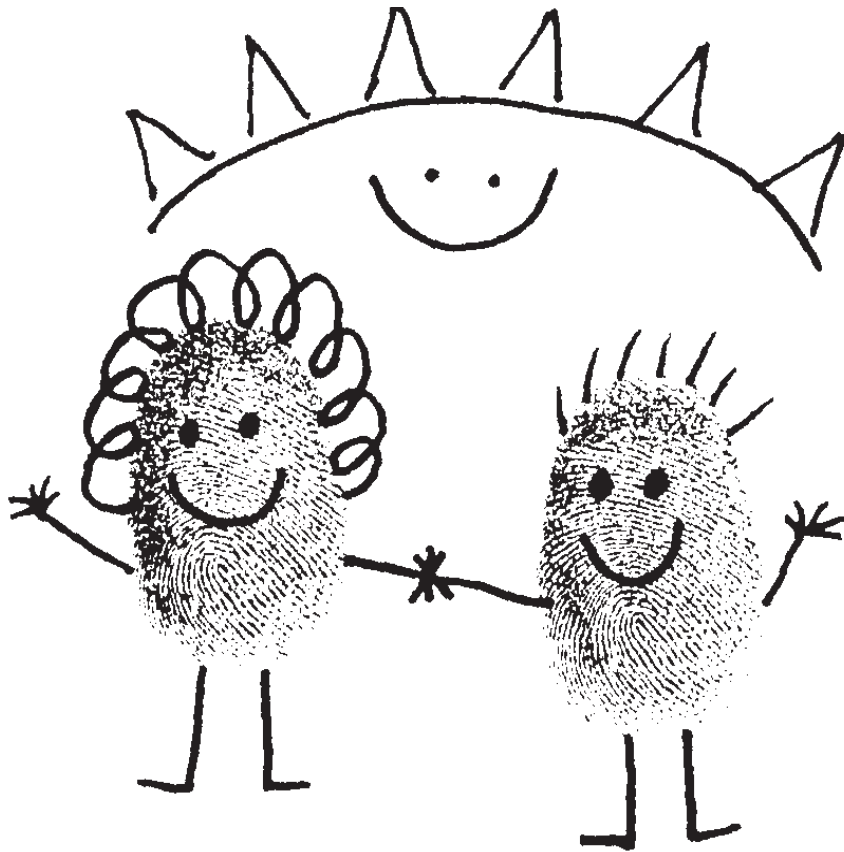


# Welcome to Kindergarten



**Greene Central Primary School**

**Fill in and keep handy**

Principal's Name: Mrs. January Pratt

Teacher's Name: \_\_\_\_\_

School Telephone Number: 656-4023, ext. 1

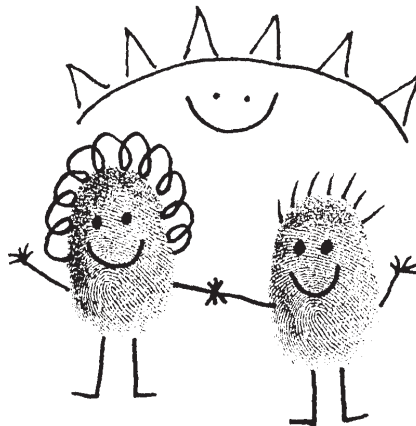
School Nurse: Mrs. Bailey

School Counselor: Ms. Alunni

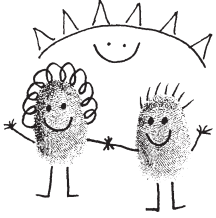
Other Information: \_\_\_\_\_

Welcome to Kindergarten  
*A Handbook for Parents*

Greene Central Primary School



Greene Central School District  
Greene, New York



# Greene Central Primary School

Dear Parents and Guardians,

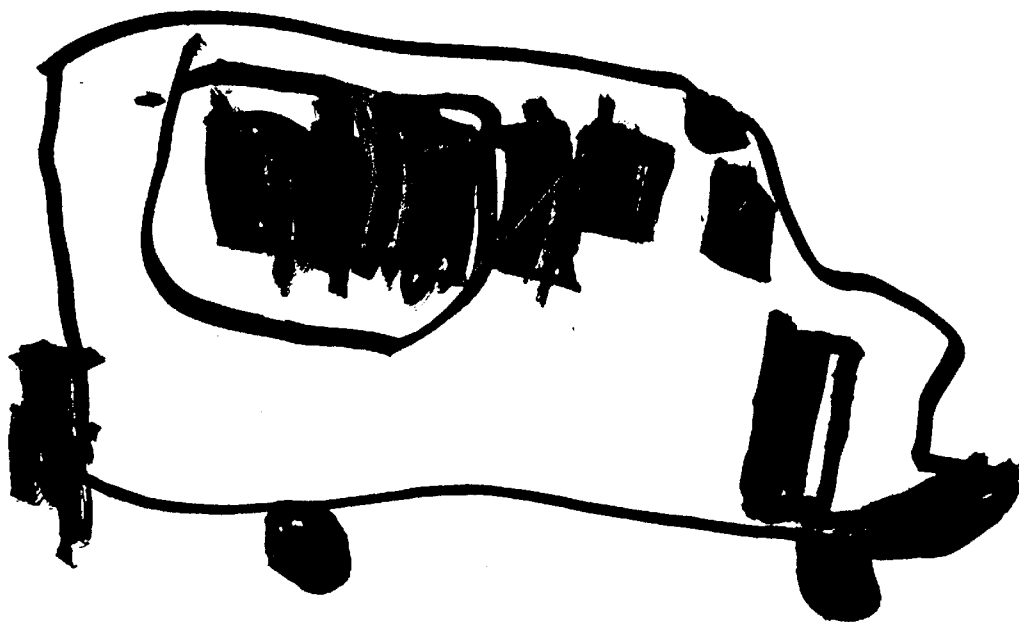
On behalf of the Board of Education and everyone in the G.C.S. family, we welcome your child to the Greene Central School District. Your child is embarking on a 13 year adventure in learning. Greene Primary School has a long tradition of quality education and is proud of their students' achievements. Working together, we can ensure that your child will reach their full potential as a student. We encourage you to visit the school, attend the Morning Program, and stay in close contact with your child's teachers. Welcome to our District and best wishes to you and your child as they begin their adventure in learning.

Sincerely,

Mrs. January Pratt  
Primary School Principal

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# Registration

Students who are legal residents of the School District and who reside with parents or guardians within the School District at the time of the opening day of school must be five (5) years or more of age on December 1 in order to register for Kindergarten.

Your child is registered for kindergarten if you have filled out the required forms, submitted proof of birth date and provided a complete immunization record. (See Health Information for a list of required immunizations.) Screening appointments will be scheduled for all children entering Kindergarten. Screening is a survey of children's physical, intellectual and emotional skills, and is carried out by the speech/language therapist, a Kindergarten teacher and other school staff members.

## School Services

Services are available at each school to ensure that children are receiving educational programs that meet their needs.

- The *school physician* provides medical appraisals for those children whose parents have not returned a physical form completed by their own physician.
- The *school nurse* provides individualized care, conducts screenings, maintains health records and assists with other required district procedures and policies. (see pages 20-21).
- The *speech/language therapist* provides individual or group therapy for children with speech and/or hearing needs.
- The *school psychologist* evaluates children who have been referred by parents, teachers or physicians, conducts psychological tests and holds parent conferences.
- The *school guidance counselor* provides a link between home, school and community to meet educational, emotional and social adjustment needs of children and their families (see page 17).
- *Response to Intervention (RTI)* provides prereading support skills, speech language and OT/PT Skills at the kindergarten level (see page 18).

If you have any concerns about your child, or have obtained special services for your child, please share this information with the school at the time of registration. Working together, parents and schools can provide rewarding experiences for children in Kindergarten. **All records pertaining to children are confidential unless releases of information are signed by parents.**

# What is Kindergarten?

*Kindergarten is the beginning of your child's formal education. In Kindergarten your child will:*

- Learn about himself or herself, and about feelings and strengths.
- Be encouraged to build self-confidence.
- Learn to work cooperatively with other children.
- Learn to make choices.
- Learn to use problem-solving skills.
- Improve coordination of large and small muscles.
- Learn to use language to express thoughts and feelings.
- Be introduced to a wide range of experiences and activities, with an emphasis on building language skills.
- Learn to listen to and follow directions.
- Become familiar with a wide range of books, stories and types of literature.
- Acquire reading readiness skills.
- Acquire math readiness skills.
- Develop essential skills for success in first grade.
- Be encouraged to acquire a positive attitude toward school and a love of learning.

## How Can I Help My Child Get Off to a Good Start in School?

*You can help your child get off to a good start with the following activities. If you take time for these activities beginning early in the school year, you will help put your child at ease.*

- Have your child practice saying his/her teacher's name.
- Have child practice dressing and undressing without assistance (coats, jackets, boots, shoes, etc.).
- Send your child to school in shoes and clothing which they can easily get on and off themselves.
- Have your child practice saying his/her full name, address and telephone number until he/she can say these when asked.
- Each day, ask your child to tell you something about his/her day at school.
- **Read to your child each day.**
- Count with your child.
- Practice shapes, numbers and letters.
- Play outside (run, skip and jump).

# What Do We Learn in Kindergarten?

The focus of Kindergarten is to help your child develop physically, socially, emotionally and intellectually.

We have many centers in our classrooms that allow children to be active learners through play. In most classrooms, you will find a house area, block area, puzzle area, painting easel, sand table, reading area, puppet area, computer and SMARTBoard™ area. At these centers, children make choices and try out new materials and ideas that fit their level of development. They interact frequently and work cooperatively with others of differing abilities. This encourages language use, and increases understanding and appreciation for others.

Physical development occurs naturally with the use of body and in play. The large muscles are used in climbing, running, balancing and pulling. Fine motor skills improve as eye movements are coordinated for cutting, writing, gluing, working puzzles, painting, etc.

The academic goals of Kindergarten have increased greatly over the past ten years. Kindergarten used to be a chance to learn letters, sounds and numbers. However, the new standards challenge children with the following by the end of Kindergarten: to know all letters (upper and lower-case), to know all sound/letter associations, 50 sight words (memorization), to be able to read simple texts, and to write phonetic sentences.

Many of these new demands are met in the classroom with a time we refer to as our English/Language Arts Block and Guided Reading. It is a time we divide children into learning teams, and assign them to centers to work on specific skills. Some of the centers that we use are: ABC, Word Work, Listening, Computer, SMARTBoard™, Vocabulary, Fine Motor and Language Arts. While students are working fairly independently at these developmentally appropriate centers, the teacher is meeting with a small group doing direct reading instruction of skills they need to work on.

The learning standards for Mathematics have also increased. Children need to identify numbers, and are expected to memorize the math facts for 0-5. They are also expected to solve simple word problems, along with many other skills.

Kindergartners regularly participate in physical education, art, music, computers and library. Your child's teacher will provide you with a weekly schedule. We also try to get the children out on the playground when the weather cooperates. Please be sure that your child has sneakers and appropriate outdoor clothing everyday.

As you can see, our Kindergarten students are very busy throughout the day! We look forward to working with our new kindergarten students and their families.





# Language Arts

## *Language Skills*

Students will:

- identify specific locations or directions.

*Example:* Ask your child to . . .

Put the fork on the napkin. Put the saucer under the cup.

- follow three-step directions.

*Example:* Ask your child to . . .

Go to the table. Pick up the pencil. Put the pencil on the chair.

- answer questions orally with complete sentences.

*Example:* Ask your child . . .

What is your name? (My name is \_\_\_\_\_.)

- create logical endings to stories.

- retell stories in sequence.

- identify rhyming words.

*Example:* Say two words. Ask your child if they rhyme.

boy - girl      bent - went

hat - bat      dog - did

- identify the colors: red, blue, green, yellow, orange, purple.

*Example:* Ask your child to . . .

Find something green in the yard.

Find something red in the kitchen.

- locate the parts of their bodies.

*Example:* Ask your child to . . .

Point to his/her nose, toe, eye.

- put pictures into categories.

*Example:* Place a fork, spoon, dish and pencil in a row.  
Ask your child why the pencil does not belong.

- ask pertinent questions about information presented in class.

- match identical words.

*Example:* Write four words in a row. Ask your child which two match:  
top                  log                  top                  bat

- demonstrate understanding of selected literature by creating a product, or by dramatizing:

*Example:* After reading your child a story, ask your child to draw a picture of an event in the story or to act out an event from the story.

## Letter Recognition

Students will:

- print the letters of the alphabet.
- print their first names from memory.
- identify capital letters.

*Example:* Point to the capital D.  
B      D      E      S

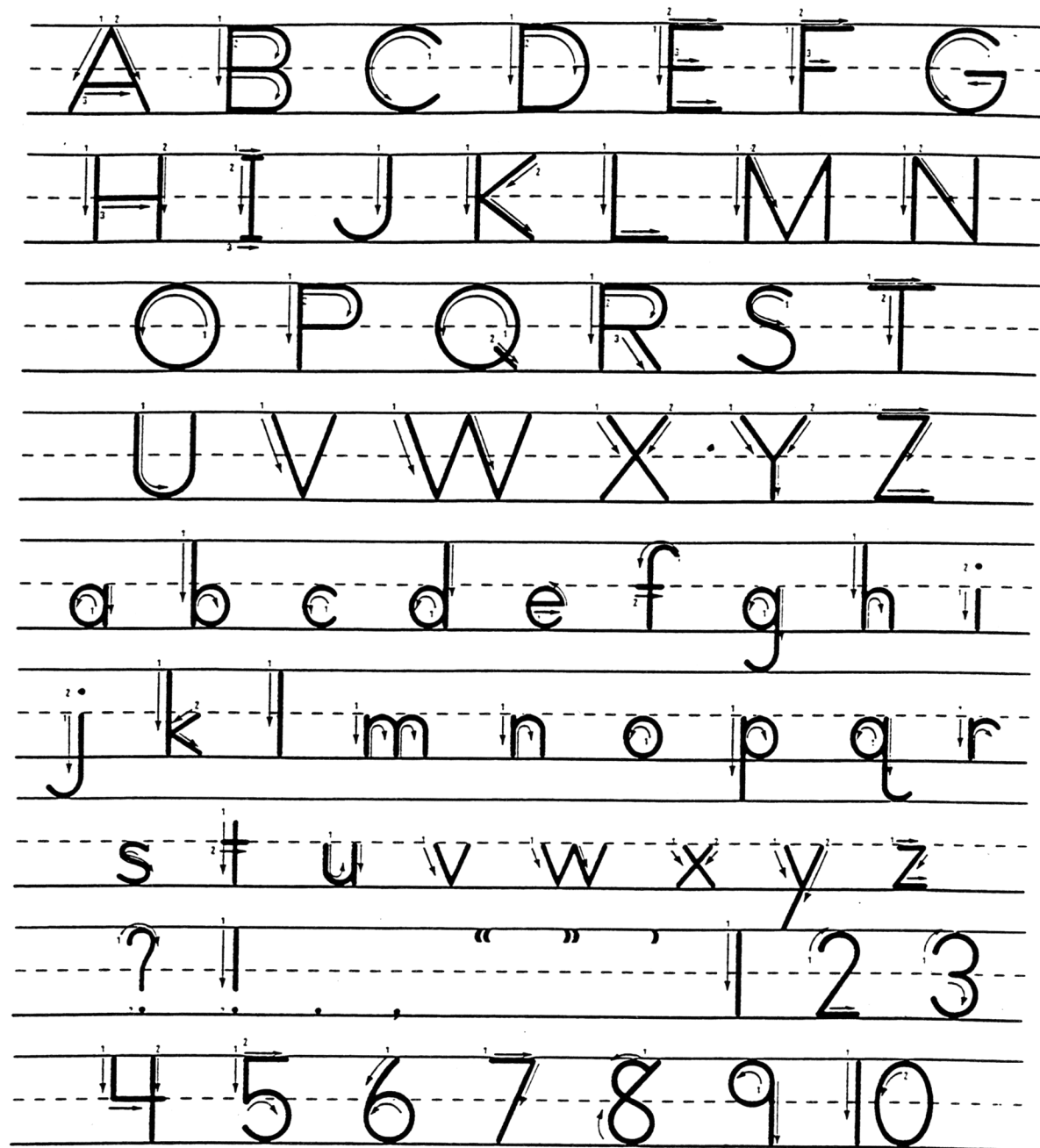
- identify lowercase letters.

*Example:* Point to the lowercase b.  
f      b      l      p

- identify letter sounds.

# If They're Ready

This is a sample of our Manuscript Writing Alphabet both capital, lowercase and numerals 0-9 to practice with your child.



Letters start at top and follow arrows.

# Mathematics

## *Numbers and Numeration*

Students will:

- repeat a simple pattern.

*Example:*    ✕   ♥   ✕   ♥   ✕   ♥   \_\_\_\_\_

- identify the number that represents a set of objects (up to 10 objects).

*Example:*    ✂       ✂  
                 ✂       ✂

- identify numbers: 0 to 20

- putting numbers in sequential order from 0 to 20.

- write numbers: 0 to 20

- compare two sets using the terms “more than,” “fewer than,” “less than” or “the same as” or “as many as.”

*Example:*    ✎   ✎   ✎                   ✎   ✎

## *Addition*

Students will:

- demonstrate addition is the joining of two sets of objects to form a single set.

## *Subtraction*

Students will:

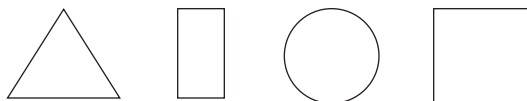
- demonstrate subtraction is the removing of objects from a given set to find the number remaining.

## *Geometry*

Students will:

- identify a triangle, rectangle, circle and square.

*Example:*



## Measurement

Students will:

- compare objects in terms of length, capacity, weight.

*Example:*



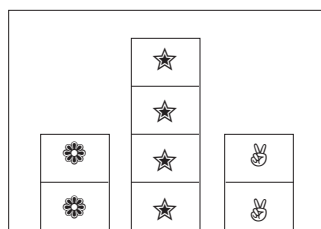
- compare temperature in general terms (hotter than, cooler than, as cold as, etc.).

## Graphs, Probability and Statistics

Students will:

- answer oral questions about a given horizontal/vertical picture graph.

*Example:*



# Parents are Their Child's First Teacher!

You can help your Kindergarten child by doing these activities together. Be sure to give your child plenty of encouragement and praise.

## *Language Activities*

- Talk with your child. Talking together helps build your child's vocabulary and ability to express himself/herself. Talk lovingly and often about what is happening.
- Ask questions about where you are, what you are seeing and what you are doing.
- Be an interested listener.
- Point out interesting things for your child to observe and discover. Later on, you may want to describe an object and ask your child to guess what it is. Let your child ask for hints, such as: Is it big? Is it blue? Is it round?
- Encourage your child to wonder about things. What is that? How did that happen? How does this work? Why did that happen? How is one thing different than another thing? How did something change?
- Figure out things together. How long the trip took . . . how many animals you saw . . . what colors you saw . . . how many of each color. Pack a lunch and plan together what you need.
- Encourage your child to speak in complete sentences.
- Teach your child songs you learned when you were young. Encourage your child to sing and remember words to songs. He/she can also say, sing and act out nursery rhymes.
- Let your child tell you a story that you write down. Then have him/her draw pictures about the story. Write one sentence under each picture, giving your child his/her own storybook.

## Help Build Readiness for Learning

- Make a book of colors. At the top of each page that will be in your book, paste a colored square of paper. Use a different color for each page. Have your child open his/her book to the first page and talk about the color at the top of the page. (*What color is it? What things in the room are that color?*) Next, have your child paste a picture on the page. Continue until your child has his/her own book of colors.
- Have your child look for likenesses and differences in colors, shapes and sizes of objects. Sort the laundry: put the blue towels together, put the washcloths together, put the socks in pairs. Sort coins by size and color.
- When your child gets up in the morning, say, "Let me see you wash your face and hands first, brush your teeth next and comb your hair last." When your child is getting dressed, say, "We will put on your T-shirt first and your shoes last."
- At snack time, line up three crackers on the table and ask your child to point to the middle one, then the bottom one, and then the top cracker. Let your child tell you which one he/she is eating.
- At lunchtime, cut a sandwich into two pieces, making one piece larger than the other. Tell your child to first eat the piece of sandwich that is larger. Or, ask your child which piece he/she wants to eat first: the larger or the smaller.

- Ask your child what shape he/she would like his/her sandwich cut: squares, triangles, rectangles.
- At breakfast time, pour a glass of juice for yourself. Then ask your child if he/she wants more or less than you have in your glass. Prepare two bowls of cereal, one with a lesser amount. Ask your child if he/she wants the bowl with more cereal or the bowl with less cereal.
- Sort objects that are similar into groups:
  - Toys with wheels, toys without wheels
  - Spoons, knives, forks
  - Big stones, little stones
 Have your child tell why he/she is putting an object into a particular group.
- Count objects while touching them. Count out silverware, plates, Cheerios™, buttons, macaroni, stones, leaves, etc.

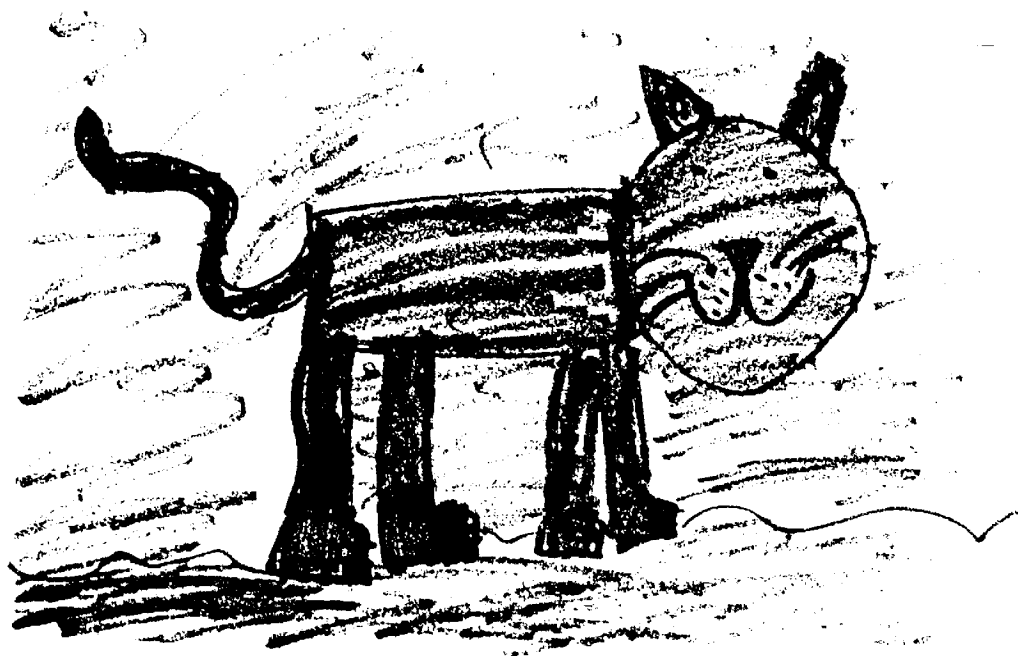
## Read to Your Child!

- This is the most important activity!
- Read to your child every day.
- Choose stories that are interesting and entertaining.
- Hold the book so your child can look at the pictures and watch as you read.
- Ask questions while you are reading the story:
  - What is happening in the story?
  - What are the people or animals doing?
  - How do they feel?
  - What happened first? Next? Last?
  - What did you like or dislike about the story?
  - What do you think will happen next?
- Talk about what the words in the story mean.
- When a story is finished, ask your child to retell it in his/her own words, using pictures in the storybook as a guide.
- Take trips to the public library, and choose books together.



# Help Build Confidence

- Encourage your child to play with children his/her own age.
  - Invite their friends to eat or play at your home or in your yard.
  - Allow your child to stay for lunch or dinner at a friend's house.
- Have your child do small jobs around the house. For example, ask him/her to help vacuum the floor, set the table, answer the door, pick up toys.
- Remember, you want your child to feel he or she can do things independently. Don't be overly critical of small mistakes, but do give praise for effort.
- Have your child make a puppet from a small paper bag. Put a face on the puppet with crayons, markers or paints. Have your child put his or her hand into the puppet, and act out one of the following:
  - Sharing a toy with a friend.
  - Sharing a snack.
  - Going to bed on time.
  - Helping to clean up toys.
  - Saying a nursery rhyme or singing a song.
- Find magazines or newspapers with pictures of people helping each other. Ask your child to look at a picture and tell you what the person is doing to help. You can have your child cut out these pictures and paste them onto a large piece of paper to make a collage of people who are helping each other.





# Help Build Muscles: Motor Skills Develop Coordination

Play with your child!

Encourage your child to:

- use tricycles, bicycles, wagons, skates.
- climb, run, skip, hop, jump.
- use a ball for bouncing, catching, kicking, throwing, rolling.
- play in the tub, sink and sandbox with funnels, plastic bottles, cups, spoons.
- use crayons, paints, pencils, pens, scissors, tape, paste, chalk, clay.
- piece together puzzles.
- button, zip, snap, buckle, lace, tie.
- build with blocks.
- use sewing cards.

## How Can the Teacher and I Share Information About My Child?

- Conferences may be initiated by either parent or teacher. Parents may request a conference at any time by a note, a phone call to school, or personal contact with the teacher before or after school. The District has set aside two days in November for conferences. (You will receive more information about these conference days from your child's school.)
- Report cards are issued three times a year (January, April and June). A conference may be requested at any time.
- Review materials sent home with your child, so you will become familiar with what your child is learning in school.
- Read all information that is sent to you by the teacher or other school staff. Answer promptly if the information requires your response.
- Become involved by joining the PTO.



# Be Sure Your Child is Ready for School

“Is my child ready for school?” How can I be sure? These are questions parents ask themselves as the time for school registration rolls around. Traditionally, schools have recommended that a child be about 5 years old when entering kindergarten. Schools will administer a screening to determine academic readiness.

Too often, learning readiness is confused with school readiness, however. There is a very big difference. Many times a child may exhibit a command of such basic skills as color, shape, number and letter identification: a fluent and expressive vocabulary. These also are the areas most likely to be evaluated in a typical school readiness screening.

School readiness encompasses a much broader spectrum than learning readiness. The child must deal with a whole lot more than just academics in Kindergarten. The cognitive area is only one of four readiness areas to be considered. The others include social, emotional and physical readiness. The child must be able to cope with the school environment in each of these areas without undue stress.

How do you know if your child is ready for school? Experts suggest that you step back and take a good look at your child. Does your child seem to be as mature as other children of the same age? Do you have any concerns about your child starting school? Become informed about your child’s developmental age — it may not be consistent with chronological age. It is not unusual for a child to be six months to a year younger developmentally than he/she is chronologically. Research has shown that a child should be 5 to 5½ years of age developmentally at the time of entry into a Kindergarten program in order to find school a stress-free, valuable experience.

If you should have any questions regarding school readiness, do not hesitate to call or contact the school.



# Ages and Stages

## *Expansive — Children at 4 years of age:*

- Burst with motor activity — nobody races, jumps, hops, climbs with more gusto than a 4-year-old.
- Go out of bounds — physically and mentally, have high drive associated with a mental organization, which is mobile at the margins.
- Their mental imagery is almost mercurial. It moves from one nonfiguration to another with great agility.
- In their dramatic play they doff and don a role with the greatest of ease.
- In drawing, children improvise as they go along—they start out with a house which becomes a man going to the moon, etc.
- They talk and talk, revealing the mercurial shifts of their minds while moving from one subject to another without the preliminaries to transitions.
- They tell tall tales, brag and are self-complimentary; tattle; make excuses; call names. But the attractive traits balance out their humorous traits; they are responsive to the environment and want to reach out and move.

## *Fitting Together — Children at 4½ years of age:*

- Borrow characteristics from the adjacent ages — sometimes loud, exuberant and out-of-bounds like a FOUR, sometimes quiet and pulled in like a FIVE.
- Age of opposition, disequilibrium, uncertainty, inconsistency and unpredictability.
- Are beginning to distinguish between fact and fantasy, now question what was once accepted as truth. Ask “Is it real?” Have trouble knowing the difference.
- Have short attention span and need informal structure with a great deal of time spent on gross motor activities.
- May stand up and leave the table if task is not intriguing; does not recognize limits; shift from subject to subject and have a strong tendency to improvise.
- Can be scared by the same wild stories they liked at FOUR; have fears which may cause nightmares or on occasion the request for a night-light.
- Are interested in gathering new information, in perfecting old skills.
- Emotions may be quite uncertain with laughter and tears following each other in quick succession.

## *Smooth — Children at 5 years of age:*

- This is a positive age — ask 5-year-olds how things look, and the most characteristic response is “good.”
- Now they have moved into the smoothness and ease where they are consolidating all their previous gains. They are organizing and in the process are organized.
- At this age children are positive realists — they are interested in the here and now.
- They try to make the familiar more familiar — feel at home in their own world with their own things. They talk about mothers, bikes, clothes, the yard. They like to stay close to their individual worlds. Where at four children are the best visitors in the neighborhood, at five they often stay close to home.

- They often like to play house, play father or mother working and are not terribly receptive to talk and tales of magic and fairy tales.
- They are often steeped in a sense of personal ownership rather than general ownership — when asked, “Do dogs run?” five-year-olds may say, “I have a dog” — are factual and literal.
- This age makes a good impression — children are integrated in their actions; they do not go off on tangents.
- They are good and like to be good — may annoyingly ask permission to act day after day.
- The adult often has to set five-year-olds in motion. “How do you do it?”, which five asks over and over, is the sign of a desire to conform.
- Self-limitation is stronger than self-assertion— demanding adult help. Children are better managed by giving them little jobs to do which they can do well, than by challenging them to efforts just beyond their reach.

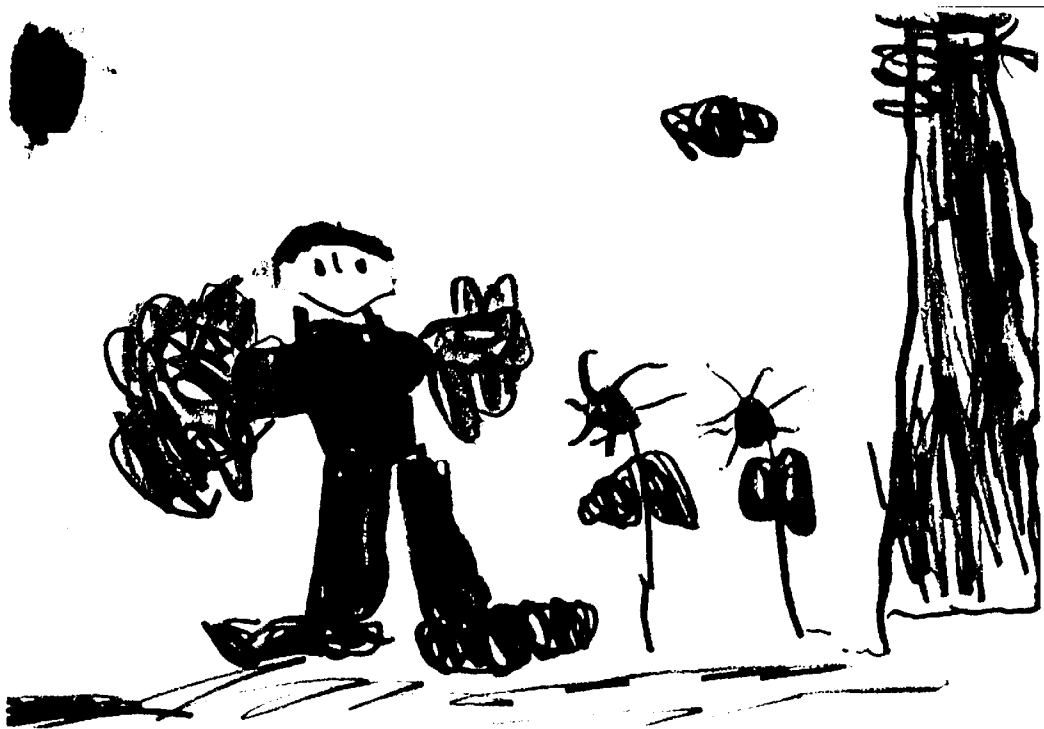
***Break-up — Children at 5½ years of age:***

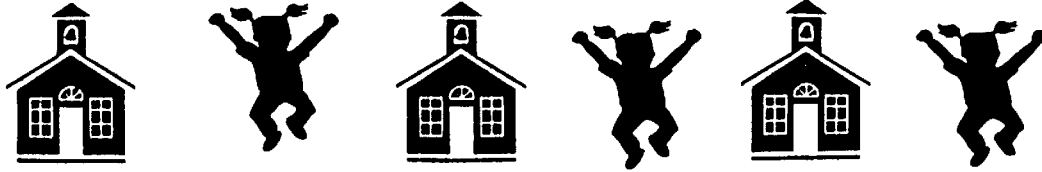
- Begin to sense certain inconsistencies in their world. They are torn about which way to go — yes or no; black or white. They often may try to go both ways at once.
- They begin to become brash, combative in some of their behavior as though they are at war with themselves and the world.
- Sometimes they are hesitant, dawdling, indecisive, then may become over-demanding and explosive.
- At this age, at one minute children may love you, the next minute “you stink.”
- May choose wrong, right, wrong in quick succession.
- May dawdle and reach an impasse.
- Life might be described as one of double alternatives.

***Sorting Out — Children at 6 years of age:***

- This is a time of action, with the system undergoing real growth changes and, because of this, six is being propelled into new fields of action. But, the new possibilities of behavior seem to come in pairs — opposing pairs and choices between these competing opposites have to be made.
- At five children find it easy to decide, but at six may be torn apart just by having to make the decision whether to wear a tan or a green shirt. Children may choose one but can’t cancel out the rival alternatives, fearing to make a “wrong” choice.
- At five children seem to be aware of what they can do, but six-year-olds are aware of more than they can do. They often over-differentiate (go to extremes) and under-differentiate (dawdle in indecision).
- Six is very dramatic with a natural tendency to express and to organize new experience through muscular action.
- React with the whole body — when they cry, they really cry; when they are angry, they may kick or shake in rage. This age uses body posture, gestures and speech to give expression to emotional tides.
- Six is “ripe” for spontaneous dramatics.
- Because six has so many new experiences to assimilate, they like fixed routine in school; teacher to be in the same place each morning; may even be upset if she sports a new hairdo.

- Six may have real trouble leaving mother to come to school.
- They are selfish—feel that everything they do deserves praise; are concerned with balance—probably because of their own imbalance, trip over a feather—act with impulsive enthusiasm—tell tall tales—imagination can reach shaky heights.
- Enthusiasm is counterbalanced by its opposite—a real lack of energy—tired in p.m.
- Their release of tension when they arrive home is often great, running around wildly—crying, picking fights.
- Six has only two worlds — home and school—and often has trouble making the transition from one to the other.
- They need little tricks and aids to help organized — counting to 10, setting the timer, etc.
- They need help controlling bursts of activity, speed, and brash, impulsive reactions.





Dear New Kindergarten Parents and Guardians,

Welcome to Greene Central Primary School! Whether this is your first school aged child, or your fifth, I am sure you will find Greene Primary School friendly, supportive, and dedicated to helping students learn the skills and behaviors necessary to become productive citizens. One way we accomplish this is through our Elementary Guidance and Counseling Program. As a school counselor, I work closely with parents, teachers, principals, other professionals, and students in many ways, helping to enhance children's development academically, personally, and socially.

**SCHOOL COUNSELORS HELP STUDENTS:**

- Feel good about themselves
- Get along with others (including siblings)
- Learn how to make decisions
- Improve work habits and/or study skills
- Cope with family changes
- Develop personal safety skills

**SCHOOL COUNSELORS ASSIST PARENTS:**

- With home/ school communication
- With parent/child relationships
- By providing resources (books, tapes, or videos)
- With referrals to community agencies

**SCHOOL COUNSELORS WORK WITH TEACHERS ON:**

- Student academic performance
- Student behavior
- Social or emotional needs of students
- Classroom guidance activities

# Response to Intervention

The Greene Primary School is very fortunate to have an RTI Program at the Kindergarten level. This is an opportunity for students to work in small groups to further develop prereading skills. At some point during the year, it may be recommend that your child participate in the program. Students do not miss regular academic time in the classroom. Students who participate in the RTI program are recommended for any or all of the following reasons:

1. Fine Motor Skills
2. Language Concepts
3. Confidence
4. Letter Recognition/Beginning Sounds
5. Listening Skills/Following Directions

School support services for students may include special education services for children identified as having a disability. More information can be obtained in the Parent's Guide to Special Education. This can be accessed on the NYSED website at: <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm> or on the Greene District website at: <http://www.greenecsd.org/SpecialEducation.aspx>. If you feel your child may have a disability, please contact Michelle Hasselbarth, Director of Special Services at Greene Central School District, 30 South Canal Street, Greene, NY 13778, or call 607-656-4161, ext. 683.

## Release of Students During School Hours

Please try to schedule dental and medical appointments for after school hours, vacations and Saturdays. Although it is legal for children to be excused from school for appointments, it is preferred that they not lose valuable school time when these appointments could have been scheduled during non-school hours.

Should you need to pick up your child(ren) during school hours (7:45 a.m.-2:00 p.m.), please follow the procedure below:

1. The parent/guardian is to notify the school **in writing** when a student is to be excused. Phone calls will not be allowed for student dismissal.
2. The student is to be picked up **in the main office** by the parent/guardian at the specified time.
3. The parent/guardian must sign the student sign-out book kept in the office.
4. No student is to be excused to leave the building alone.

## Attendance and Daily Schedule

*Your child will be prepared for each day of school if he/she:*

- Gets enough sleep (10 to 12 hours each night is the amount recommended).
- Eats nutritious meals. A good breakfast and lunch is important. Breakfast and lunch programs are provided daily at school. Contact the main office to receive an application for free/reduced price school meals if needed. A breakfast/lunch menu is sent home monthly.
- Arrives at school on time: students should arrive by 7:45 a.m. to get settled in and ready for their day. Students are considered tardy after 7:55 a.m.
- School hours: 7:45 a.m.-2:00 p.m.

- Knows how to use the bathroom properly, and how to wash his/her hands afterwards.
- Wears clean, comfortable clothing that is suitable for the weather and for Kindergarten activities.
- Has all personal belongings labeled.
- Has a backpack large enough to carry papers and books to and from school.

## Absences

If your child is late or absent, contact the school office promptly. You may call at any hour of the day or night and leave a message on the voice machine. When your child returns to school after an absence, a written excuse addressed to the teacher and dated should be sent on the first day back. If a note is not received within three (3) school days, the absence will be considered as illegal.

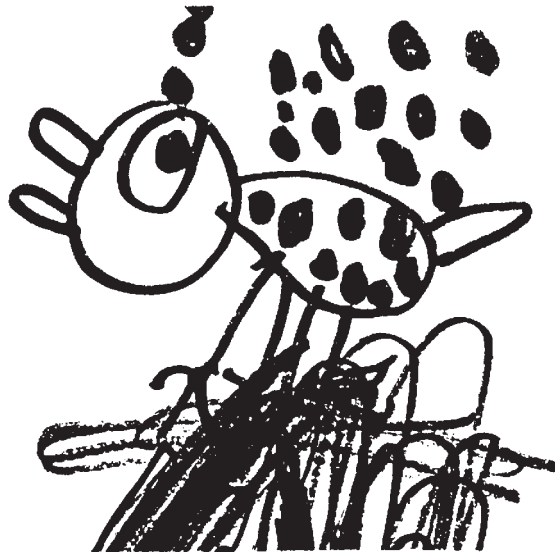
*Sample excuse:*

*October 3, 1997*

*Mrs. Jones,*

*Johnny Smith was absent on October 2, 1997, because he had a sore throat.*

*Mrs. Susan Smith*  
*(Parent Signature)*





# School Health Information

To prevent further spread of infections we ask you to keep your child home if he/she complains of:

- sore throat
- coughing
- head lice
- vomiting
- earache
- chicken pox
- diarrhea
- fever
- pink eye

Students need to be symptom-free for 24 hours before returning to school.

## *Dispensing Medication*

If a child must take medication during school hours, the school will require:

- A written request from the parent/guardian.

The written order of the prescribing physician, indicating the type, purpose and dosage requirements of the medication. (This includes cough syrup, Tylenol®, cough drops).

- All medication in the original bottle must be dropped off and picked up by the parent/guardian at the beginning and end of the prescription period. Medications are not to be transported by students.

## *Dispensing Medication Form*

This form is used for all medication including over-the-counter nonprescription. It must be signed by a physician (see page 23).

## *Physical Education Participation*

State Law requires all students to participate in physical education classes. A physician note is required if your child is unable to participate.

## *Annual Screenings*

In grades K-12, annual screenings are conducted for height and weight. Hearing and vision screenings are for grades UPK, K, 1, 3, 5, 7 and 11. Screenings are also done for color perception, near vision and scoliosis at scheduled times. If you have any concerns in these areas, please contact the school health office.

Parents will be notified if any abnormality is found.

ALL KINDERGARTEN STUDENTS ARE REQUIRED TO HAVE A PHYSICAL UPON ENTERING SCHOOL (see page 22).

## *Emergency Care*

Accidents of any kind should be reported promptly to the school nurse, Mrs. Baily. Parents will be notified if their child becomes ill or injured.

If a student needs to be contacted due to an emergency, parents should call the school's main office.

## *Head Lice Detection/Prevention*

All students in the elementary school are checked periodically for head lice. Screening consists of checking the hair for nits (eggs of the lice). Screenings are done for all students at the beginning of the year and after long vacations. We have a "no-nit" policy and all nits must be removed in order for a student to return to school. Parents must accompany a child, who has been sent home, on the child's return to school after treatment.

*Keep the health office informed of any health changes with your child. Do not hesitate to contact the school health office with any questions or concerns.*

# Immunizations

Certain immunizations are required for your child to attend Kindergarten.

The following vaccines are required.

- 4-5 doses of doses of diphtheria toxoid (usually administered as DTAP, DT, TD)
- 3-5 doses of enhanced inactivated poliovirus vaccine (IPV)
- 2 doses varicella (chickenpox) vaccine on or after 12 months of age
- 3 doses of hepatitis B vaccine are required for all children born on or after January 1, 1993  
See your doctor or health care provider regarding records about your child's immunization.
- 2 doses Measles, Mumps, Rubella (MMR).

The Chenango County Public Health Department does hold immunization clinics; call 337-1660 for a schedule.

If you have any questions, contact the school nurse, at 656-5174, ext. 685.



# Greene Central School

## APPENDIX A

### STUDENT HEALTH EXAMINATION FORM (To be completed by private health care provider or school medical director)

**Note:** NYSED requires an annual physical exam for new entrants and students in Grades PK, K, 1, 3, 5, 7 & 11, interscholastic sports and working papers

Name: _____	DOB: ___/___/___	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
School: _____	Grade: <input type="checkbox"/> NA	Exam Date: ___/___/___

HEALTH HISTORY			
<b>Specify Current Diseases</b> <input type="checkbox"/> Asthma ( <input type="checkbox"/> Intermittent or <input type="checkbox"/> Persistent) Quick relief inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma Action Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Other: _____	Sickle Cell Screen: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done	Date: ___/___/___	
	PPD: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done	Date: ___/___/___	
	Elevated Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Done	Date: ___/___/___	
	Dental Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Done	Date: ___/___/___	
<input type="checkbox"/> Allergies - See page 2 for details.			
Significant Medical/Surgical Information: _____			

PHYSICAL EXAMINATION				
Height: _____	Weight: _____	BP: _____	Pulse: _____	Respirations: _____
<b>Scoliosis:</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive Degree of deviation: _____ Angle of trunk rotation via scoliometer: _____	<b>Vision:</b> Distance acuity Distance acuity with lenses Vision - near vision Vision - color perception	<b>Right</b>    <input type="checkbox"/> Pass	<b>Left</b>    <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Body Mass Index:</b> _____ - _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> <5th <input type="checkbox"/> 85 <sup>th</sup> - 94 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> - 49 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> - 98 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> - 84 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> & higher	Circle developmental stage (ONLY for selection classification for 7th & 8th graders): Tanner: I. II. III. IV. V.			
<input type="checkbox"/> SYSTEM REVIEW AND EXAM ENTIRELY NORMAL Specify any abnormalities: _____				
<input type="checkbox"/> See attached.				

RECOMMENDATIONS OR RESTRICTIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK
<input type="checkbox"/> Free from contagions and physically qualified for all activities (phys ed, athletics, playground, work, school) <input type="checkbox"/> Expected Body Contact (full or limited): football, wrestling, basketball, ice/field/floor hockey, baseball, softball, <input type="checkbox"/> Strenuous: cross-country, gymnastics, track & field, swim, diving, crew, ski, cheering, tennis, badminton, fencing, <input type="checkbox"/> Non-contact/Non-strenuous: bowling, golfing, table tennis, archery, riflery, shuffleboard, walking <input type="checkbox"/> Protective Equipment: <input type="checkbox"/> Athletic Cup <input type="checkbox"/> Sport/safety goggles <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medical/prosthetic device: _____ <input type="checkbox"/> Recommendations/restrictions: _____

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

# Greene Central School

MEDICATIONS							
To be completed by Health Care Provider							
Diagnosis	ICD Code	Medication Name	Dose	Route	Time	Self Directed*	Self Admin/ Self Carry**
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**\*Self Directed:** I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately, and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently

**\*\*Self Admin/Self-Carry:** I have determined this student is consistent and responsible in taking their own medication (self-directed), and in addition, give them permission to self-carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies.

**To be completed by Parent/Guardian if medication is prescribed**

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/package with my child's name on it.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Parent permission & provider consent is required for students to self-administer & self-carry medication. Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**ALLERGIES**

None                       Non Life-Threatening                       Life-Threatening

Type:  Food  Insect  Latex  Medication  Seasonal/Environmental  Other:

Specify allergen(s): \_\_\_\_\_

Specify previous symptoms: \_\_\_\_\_  History of anaphylaxis; last occurrence: \_\_\_\_\_

Emergency Care Plan for anaphylaxis:  Yes  No

Treatment prescribed:  None  Antihistimine  Epinephrine Autoinjector

**IMMUNIZATIONS**

<input type="checkbox"/> Immunization record attached <input type="checkbox"/> Immunizations reported on NYSIIS <input type="checkbox"/> No immunizations received today	<input type="checkbox"/> Immunizations received today: <input type="checkbox"/> Will return on ____/____/____ to receive:
--	--

**Provider / Parental Authorization**

**All information contained herein is valid through the last day of the month for 12 months from the date below.**

Medical Provider Signature: _____	Date: _____
Provider Name: (please print) _____	Phone #: _____
Provider Address: _____	Fax #: _____
Parent/Guardian Signature: _____	Date: _____

**Return to:**

School Nurse: \_\_\_\_\_  
 Phone #: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

School: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, PK, K, 1, 3, 5, 7 & 11. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

### Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex:  Male  Female Will this be your child's first visit to a dentist?  Yes  No  
Month Day Year

School: Name Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities?  Yes  No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature Date

### Section 2. To be completed by the Dentist

I. The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

#### II. Oral Health Status (check all that apply).

Yes  No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

Yes  No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes  No **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

#### III. Treatment Needs (check all that apply)

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



# Greene Central School

## Permission to Administer Medications

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ School: \_\_\_\_\_

### To Be Completed By Health Care Provider

Diagnoses \_\_\_\_\_

Medication Name	Dose	Route	Time	☑ applicable boxes below
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry

#### Prescriber please use codes below for each medication ordered:

<b>AM</b>	Nurse may administer missed morning dose indicated after verbal or written notification from parent. Please advise parent to send in additional medication
<b>Bus</b>	Medication must be available on bus
<b>FT</b>	Medication is needed on field trips
<b>SSA</b>	Medication is needed school sponsored extra-curricular activities
<b>Self-Directed</b>	I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.
<b>Self-Administer/ Self-Carry</b>	I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, give them permission to self- carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies.

Name and Title of Licensed Prescriber (Please Print) \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

### To Be Completed By Parent

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

#### Self-Administer/Self Carry

Parent permission and provider consent is required for students to self-administer and self-carry medication. Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/ self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

School Nurse: \_\_\_\_\_ School \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_





# Greene Central Primary School



127 ELEMENTARY LANE  
GREENE, NEW YORK 13778  
Telephone (607) 656-5174  
(607) 656-5176  
Fax (607) 656-5032

Dear Parents and Guardians,

Many parents chose to pick their children up from school instead of having them ride the bus. If you chose this option please follow the outlined procedure below.

## Greene Primary School Drop-off and Pick-up Procedure

- 1. You may drop your child off for school between 7:30 and 7:45 each morning. Breakfast will be available to students starting at 7:30. Please do not arrive before 7:30. There will not be any staff available to monitor your child.**
- 2. If your child is a regular pick up please note that on the transportation form which is included in this packet.**
- 3. If you need to pick your child up for an appointment they will need a written note with the child's name, teacher's name and date.**
- 4. Parent pick up will start at 1:50 and end at 2:10. Please be prompt in picking your children up. There will not be staff available after 2:10 to monitor your child.**
- 5. Kindergarten and UPK parents will wait in the office for their children to be sent down. If parents have older children they can be picked up afterwards in the library. A classroom aide will be on duty in the office and library to help sign them out.**
- 6. If a child is being signed out before the regular school day ends, this is done in the office.**
- 7. Our office has limited seating, please do not arrive earlier than regular pick up time (1:50) unless they have a scheduled appointment.**

This procedure has worked well in enabling us to safely and efficiently dismiss parent pick up students for the last few years. If you have any questions please contact the office at 656-4023 or email [jpratt@greenecsd.org](mailto:jpratt@greenecsd.org).

Respectfully,

January Pratt  
Principal

# Student Pick Up and Delivery

The Greene Central School District furnishes transportation to those students whose health or distance from the school makes the service essential. Riding these buses is a privilege and may be withdrawn if the student does not comply with the rules and regulations set forth in the District.

Effective February 25, 2004:

- a. Parents or guardians of all kindergarten and new students must complete form “TR 1.”
- b. Parents or guardians of any student who is transported to or from a location other than their home residence (this includes day-care providers, babysitters), will be required to complete the “TRC 1” form for every new school year.
- c. If a student’s transportation (a.m. or p.m.) is going to change during the school year, a “TRC 1” must be completed prior to the effective date.
- d. The District may permit daily student transportation changes for valid reasons for a.m. and/or p.m. runs. These requests must be in writing and approved by the Building Principal or his/her designee.

# GREENE CENTRAL SCHOOL TRANSPORTATION DEPARTMENT

## Kindergarten Transportation Registration Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Address: \_\_\_\_\_

Parent/Legal Guardian Home Telephone: \_\_\_\_\_ Work/Cell Telephone: \_\_\_\_\_

*Please indicate HOME, SITTER, NONE in the appropriate boxes below.*

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>AM</b>					

Sitter's Name: \_\_\_\_\_ Sitter's Telephone: \_\_\_\_\_

Sitter's Address: \_\_\_\_\_

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>PM</b>					

Sitter's Name: \_\_\_\_\_ Sitter's Telephone: \_\_\_\_\_

Sitter's Address: \_\_\_\_\_

**\*Emergency Closings:** In the event of an Emergency Closing, my child is to, (please check one):

Home  Sitter Address \_\_\_\_\_

Parent Pick-Up  Other \_\_\_\_\_

Comments:



# GREENE CENTRAL SCHOOL TRANSPORTATION DEPARTMENT

## Transportation Change Request Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Address: \_\_\_\_\_

Parent/Legal Guardian Home Telephone: \_\_\_\_\_ Work/Cell Telephone: \_\_\_\_\_

*Please indicate HOME, SITTER, NONE in the appropriate boxes below.*

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>AM</b>					

Sitter's Name: \_\_\_\_\_ Sitter's Telephone: \_\_\_\_\_

Sitter's Address: \_\_\_\_\_

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>PM</b>					

Sitter's Name: \_\_\_\_\_ Sitter's Telephone: \_\_\_\_\_

Sitter's Address: \_\_\_\_\_

**\*Emergency Closings:** In the event of an Emergency Closing, my child is to, (please check one):

Home  Sitter Address \_\_\_\_\_

Parent Pick-Up  Other \_\_\_\_\_

Comments:





