



# Kindergarten Application

If your child will be five by September 15, 2022, your child can be registered for kindergarten. We have four elementary schools within our district: Aurora Heights, Emerson Hough, Thomas Jefferson and Woodrow Wilson. The elementary school your child will attend is determined by your address within our district.

## Registration

**Please complete** this form and return it with a copy of the birth certificate, current immunizations and proof of residency\* to Melinda Robertson at the District Office. The District Office is located at 1302 1st Ave W, or you can scan and email the application packet and required documents to [robertsonm@newtoncsd.org](mailto:robertsonm@newtoncsd.org). After a **completed application packet** is received, we will email you an online registration link to complete the registration.

If your child currently attends the **Newton Community Preschool program**, we need this form completed and any updated immunizations. Please let us know on the form if your address or personal contact information has changed. We will email you the process to update your student's information for the Kindergarten enrollment.

\*Proof of residency is a copy of a utility bill, copy of lease, copy of mortgage payment or driver's license with your current address on it.

## Next Steps

1. Attend the Parent Meeting on **March 24<sup>th</sup> at 6:00 pm**. The meeting will be at your elementary attendance center. At the Parent Meeting you will be introduced to the Kindergarten program and what will be required before your child starts school. The parent meeting will be recorded and made available for those who cannot attend on the scheduled night.
2. There is a packet of materials that need to be completed before school starts. The packets will be available at your elementary attendance center the night of the parent meeting or at the administration office.

## Kindergarten Round-Up –Will be April 7 & 8 at your elementary attendance center.

There are three, 2 hour sessions: 8 am - 10 am; 10:30 am - 12:30 pm; and 1:30 pm to 3:30 pm. Students are expected to attend **BOTH** days. On the next page, please indicate your time preference (1st, 2nd, 3rd), and we will do our best to accommodate those requests. You will find out the session for your child to attend at the parent meeting or from your attendance center.

**Round Up Conference** (if needed): April 18th Teachers will contact you to set a time.

<b>Aurora Heights</b> 310 E 23 <sup>rd</sup> St S 641-792-7324  <b>Office Hours</b> 8:00 am-3:00 pm	<b>Emerson Hough</b> 700 N 4 <sup>th</sup> Ave E 641-792-3982  <b>Office Hours</b> 8:00 am-3:00 pm	<b>Thomas Jefferson</b> 112 Thomas Jefferson Drive 641-792-2498  <b>Office Hours</b> 8:00 am-3:00 pm	<b>Woodrow Wilson</b> 801 S 8 <sup>th</sup> Ave W 641-792-7311  <b>Office Hours</b> 8:00 am-3:00 pm	<b>District Office</b> 1302 1 <sup>st</sup> Ave W 641-792-5809  <b>Office Hours</b> 8:00 am-4:00 pm
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The following questions are designed to provide information that will enable us to understand your child and meet his/her needs.

**PERSONAL INFORMATION:**

Child's given name: \_\_\_\_\_ Name to be used at school: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Family Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_ (required)

With whom does the child reside? \_\_\_\_\_

Other members living in that household? \_\_\_\_\_

\_\_\_\_\_

**SOCIAL/EMOTIONAL DEVELOPMENT**

Has your child attended Preschool? Yes No \_\_\_\_\_ number of years

Has your child attended Daycare?

Yes No \_\_\_\_\_ in home \_\_\_\_\_ center \_\_\_\_\_ number of years

Does your child have any fears that would affect him/her in the classroom?

\_\_\_\_\_

\_\_\_\_\_

Describe how your child usually meets new situations: shy/afraid/confident/loud/over active

\_\_\_\_\_

\_\_\_\_\_

**Medical Information**

Does your child have any food/medicine/environmental allergies? Yes/No (please circle response)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical/medical concerns or limitations that we should be aware of?

Yes/No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child take medication on a regular basis? Yes/No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Will this medication need to be administered at school? Yes/No

**Expectations For School**

Is your child looking forward to coming to school? Yes/No (please circle response)

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

List several expectations you have for your child's kindergarten experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the space below, write anything you think the teacher should know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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To be completed at NCSD office:

Date Rec'd: \_\_\_\_\_ Student ID: \_\_\_\_\_ Building: \_\_\_\_\_

**Round Up Attendance:** April 7 and 8, 2022

8:00 am-10:00 am	<input type="checkbox"/> 1st choice	<input type="checkbox"/> 2nd choice	<input type="checkbox"/> 3rd choice
10:30 am-12:30 pm	<input type="checkbox"/> 1st choice	<input type="checkbox"/> 2nd choice	<input type="checkbox"/> 3rd choice
1:30 pm-3:30 pm	<input type="checkbox"/> 1st choice	<input type="checkbox"/> 2nd choice	<input type="checkbox"/> 3rd choice